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ABSTRACT

The need for a national strategy on child abuse and neglect has reached crisis proportions. This report declares child abuse and neglect a national emergency and presents the key elements of a national response to this crisis. Following an executive summary, the report is divided into three parts. Part 1, "The Need for a National Strategy on Child Abuse and Neglect," presents the declaration of a national emergency, describes the activities of the U.S. Advisory Board on Child Abuse and Neglect, and delineates the Board's response to the emergency. Part 2 presents an overview of the problem of child abuse and neglect in America and the nation's public- and private-sector attempts to protect children from maltreatment, including discussions of: (1) the scope of the problem; (2) its complexity; (3) the relationship of child abuse and neglect to changes in family and community life; (4) the nature of the child protection system; (5) the crisis in that system; (6) the relationship of government to the crisis; and (7) a proposed program of reform. Section 3, "Recommendations for Change," presents the Board's recommendations organized into eight areas: recognizing the national emergency, providing leadership, coordinating efforts, generating knowledge, diffusing knowledge, increasing human resources, providing and improving programs, and planning for the future. Each part contains notes with numerous resources. Seven appendices contain information on the U.S. Advisory Board on Child Abuse and Neglect; membership of the National Child Abuse Coalition; and "Recommendations: First Report of the U.S. Advisory Board on Child Abuse and Neglect." (DR)

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Child Abuse and Neglect: Critical First Steps in Response to a National Emergency

PS 024118

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August 1990

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CHILD ABUSE AND NEGLECT:

CRITICAL FIRST STEPS IN RESPONSE TO A NATIONAL EMERGENCY

August 1990

The U.S. Advisory Board on Child Abuse and Neglect

August 1990

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EXECUTIVE SUMMARY

I. THE NEED FOR A NATIONAL STRATEGY ON CHILD ABUSE AND NEGLECT

The U.S. Advisory Board on Child Abuse and Neglect was established under provisions of Public Law 100-294, the 1988 Amendments to the Child Abuse Prevention and Treatment Act. The mission of the Board is to evaluate the nation's efforts to accomplish the purposes of the Act and to make recommendations on ways in which those efforts can be improved.

This is a summary of the Board's first report. In Part I of the report, the Board declares a national emergency, describes the process it went through in determining how to respond to the emergency, and characterizes the response.

For twenty-five years the nation has become more aware of the magnitude of child abuse and neglect. **The Board has concluded that child abuse and neglect in the United States now represents a national emergency.**

The Board bases this conclusion on three findings: 1) each year **hundreds of thousands** of children are being starved and abandoned, burned and severely beaten, raped and sodomized, berated and belittled; 2) the **system** the nation has devised to respond to child abuse and neglect **is failing**; and 3) the United States spends **billions** of dollars on programs that deal with the **results** of the nation's failure to prevent and treat child abuse and neglect.

The American child maltreatment emergency leads the Board to make the following observations:

Not only are child abuse and neglect wrong, but the nation's lack of an effective response to them is also wrong. Neither can be tolerated. Together they constitute a moral disaster.

All Americans share an ethical duty to ensure the safety of children. Protection of children from harm is not just an ethical duty: it is a matter of national survival.

Although some children recover from maltreatment without serious consequences, the evidence is clear that maltreatment often has deleterious effects on children's mental health and development, both short- and long-term.

Although most victims of serious and fatal child abuse are very young, to regard older children and adolescents as invulnerable to the severe consequences of abuse and neglect is a mistake.

All Americans should be outraged by child maltreatment.

The Board believes that the extent of the emergency is so compelling that it dictates an **immediate response**. The Board has decided, therefore, to devote its first report to **alerting the nation** to the existence of the emergency and to recommending 31 **critical first steps** that will provide a **framework** for a decade of review and reconstruction of policies and programs that have exacerbated the emergency.

As important as these 31 critical first steps are, implementing them will only result in controlling the emergency. Once the emergency is brought under control, the Board believes that the nation should commit itself to achieving an equally important goal: **the replacement of the existing child protection system with a new, national, child-centered, neighborhood-based child protection strategy.**

The Board believes that a new strategy should:

1. Ensure the safety of children;

2. Prevent child maltreatment, whenever possible;

3. Result in timely, sensitive, and accurate investigation and assessment, whenever child maltreatment is suspected or known to have occurred;

4. Result in treatment to ameliorate the effects of abuse and neglect on children;

5. Aim, whenever possible, to rebuild the families whose ties have been frayed by maltreatment; and

6. Assure safe, stable, and nurturing substitute family environments when children are temporarily or permanently unsafe in their biological families.

II. CHILD ABUSE AND NEGLECT IN AMERICA

In Part II of the report, the Board presents a detailed overview of the problem of child abuse and neglect. Part II also contains the Board's description of the nation's public- and private-sector attempts to protect children from maltreatment.

Scope and Complexity of Child Maltreatment and Its Relationship to Changes in Family and Community Life

The increase in the number of reports of child maltreatment in recent years has been astronomical. In 1974, there were about 60,000 cases reported, a number that rose to 1.1 million in 1980 and more than doubled during the 1980's to 2.4 million. Whether the increase in reports is primarily the result of a change in public awareness or whether it largely reflects actual increases in the incidence of some forms of child maltreatment, the absolute number of substantiated cases has increased at a rate as shocking as the increase in the number of reported cases.

Further, there are reasons to believe that even that number is just a fraction of the actual incidence of child abuse and neglect. Surveys consistently show that large proportions of cases of suspected child maltreatment remain unreported.

Child maltreatment represents the interaction of numerous factors. While all are important, several are especially significant: poverty, ethnicity, neighborhood dysfunction, mental health problems, substance abuse, and the presence of children with special needs.

Although child maltreatment occurs in all socioeconomic and cultural groups, poverty makes child maltreatment much more likely. Reflecting the high rates of poverty among ethnic minorities, minority children enter the child protection system in disproportionately large numbers.

Child maltreatment is especially likely to occur when families under stress lack support from their neighbors. Child maltreatment occurs much more frequently among socially isolated families.

Some parents' mental health problems can cause them to harm their children or negligently place them in unsafe environments. Among such parents, child maltreatment rarely is the only problem manifested.

Child abuse and neglect associated with substance abuse has experienced an extraordinary increase. The severity of the problem has caught all parts of the child protection system unprepared.

The nation also is identifying many babies affected by prenatal substance abuse. Whether from the biological effects of the drugs and alcohol alone, or from the sociological effects of drug abuse on the family, or from both, the risks to these children will continue as they grow older.

The social and personal problems faced by parents and other adults caring for children with special needs are intensified by the special challenges that some of these children present. Moreover, the presence of disabilities probably renders such children more vulnerable to harm.

The Board also observes that the increased complexity of child maltreatment is matched by the complexity of recent, dramatic changes in family and community life: changes in the economic status of families; changes in family structure; and changes in the range of institutions caring for children. While these changes are not necessarily a direct cause of child maltreatment, they create new challenges for the child protection system.

The economic status of many American families has undergone substantial change for the worse, so that families caring for young children are now one of the most vulnerable groups in society. Economic strain has been common in recent years, even for married couple families. For single-parent families, the situation typically has been much worse. The difficulties have been especially acute for ethnic minorities.

Family structure has undergone marked change in recent years. The annual number of divorces in the United States tripled between 1960 and 1980, with the majority involving children. The proportion of children in married couple families decreased from 87.1 percent in 1970 to 72.7 percent in 1988, with the majority of nonwhite children now living with single parents.

The range of institutions caring for children has become more numerous and diverse. More children than ever before are living away from their biological family. Most mothers of children under age one now work outside the home.

The Nature of the Child Protection System Including the Role of the Private Sector

Although the child protective services (CPS) agency is the one agency that is **mandated by law** to carry out a comprehensive set of responsibilities related to abused and neglected children, an assessment of society's response to child abuse and neglect must consider the child protection system as a whole. The child protection system is a complex web of social service, legal, law enforcement, mental health, health, educational, and volunteer agencies.

The many elements of the child protection system increase the complexity of the problem. Families in which maltreatment is suspected or is known to have occurred find themselves the objects of action (or inaction) by numerous public agencies that often are poorly coordinated and may have conflicting purposes.

The Board believes that an assessment also must consider the contributions made at all levels of society by the private sector to make the system function more effectively. The voluntary, business, and religious communities engage in important efforts to prevent and treat child abuse and neglect.

The Crisis in the Child Protection System and the Relationship of Government to the Crisis

The child protection system has not expanded to meet the challenges posed by the huge increase in cases. That increase has affected law enforcement agencies, juvenile and criminal courts, prosecutor offices, public defender offices, and mental health agencies involved with investigating, adjudicating, or treating maltreated children and their families.

The greatest impact of the changes, however, has been on CPS agencies. In both quantity and content, the work of CPS has become much harder. However, CPS agencies have not been given the resources necessary to cope with the increased responsibilities and the ever-growing number of reports.

In many communities, timely investigation of reports of suspected child maltreatment does not occur. Failure to conduct timely investigations and then to provide services when imminent risk is determined or a postadjudication treatment plan is developed has serious repercussions. Professionals who serve children and families often fail to report suspected cases of child maltreatment because they have no confidence in the capacity of CPS to respond appropriately.

Within each State, not only the integrity of CPS, but that of the entire system of services to children and families has been threatened by the enormous increase in the number of reports without a commensurate increase in resources. In addition to CPS, that larger system includes services related to adoption, foster care, residential care, and other services needed by troubled children and their families. Investigations have taken an increasingly greater proportion of many public children and family services agency budgets.

Despite the heroic efforts of many foster parents, the foster care system is in crisis. The system has been stretched well beyond its capacity. By the end of 1988, 340,000 children lived in 125,000 foster homes, with the number of children in foster care continuing to rise in 1989 and the number of homes decreasing. (The number of children entering various forms of group care also has continued to rise at a rapid pace).

Not only is the system seeing a huge increase in the number of children entering it, but increasing complexity of the problems that these children bring. The population in foster care is increasingly older and more disturbed. Moreover, foster parents often have not been given the support that they need to care for the difficult youngsters whom they have accepted into their families.

The process by which many foster placements occur suggests that the child protection system lacks a focus on children. In some States, children often do not know the name of their CPS caseworker, whom they rarely see. Such children are frequently not involved in decisions about their future, despite evidence that such involvement increases the success of foster placements.

Moreover, most maltreated children, even after they have been identified as such by public authorities, do not receive treatment. They even fail to receive treatment after they have been placed in the custody of the State or County. Frequently, treatment for a maltreated child is determined not by what is needed, but rather by what is available locally.

As serious as the preceding aspects of the crisis are, they do not constitute the full extent of the deficiencies within the child protection system. The background to each of the other deficiencies is presented in Part III of the report.

The response of the Federal Government to child abuse and neglect in recent years dates to actions by the U.S. Children's Bureau in the early 1960's. In 1974, the U.S. Congress passed landmark legislation: the Child Abuse Prevention and Treatment Act (Public Law 93-247) which established a National Center on Child Abuse and Neglect (NCCAN) as the focal point within the Federal Government for this issue. In 1980, a new Federal Adoption Assistance and Child Welfare Act (Public Law 96-272) tied Federal funding for State child welfare and foster care programs to a requirement of "reasonable efforts" to prevent placements and to reunify families in which placement had occurred.

Today, most public officials at all levels are genuinely concerned about the plight of abused and neglected children and their families. Unfortunately, they are now faced with a crisis of unprecedented proportions in the child protection system. In retrospect, it is clear that government at all levels failed to anticipate the crisis. Sadly, that crisis could have been foreseen. As reports of child maltreatment began to climb throughout the 1970's and to skyrocket in the 1980's, the governmental response was and continues to be fragmented, often simplistic, ill-conceived, crisis oriented, symbolic, and driven by political expediency. Legislative bodies at all levels have tended to focus on narrow issues and have designed piecemeal--as distinguished from comprehensive--solutions.

Throughout the nation, resources remain insufficient to reduce child abuse and neglect significantly. There are not enough staff, funds, training programs, services to special populations, or prevention and treatment services to make the serious reduction of child abuse and neglect a reality.

A Proposed Program of Reform

The Board concludes that, because of the towering problems currently faced by the child protection system, the barriers to its fundamental restructuring are immense. Crisis remediation must precede the implementation of a new strategy. The Board then summons the nation to action by declaring:

America must and can begin now to establish a caring community for those of its children who are vulnerable to abuse and neglect.

III. RECOMMENDATIONS FOR CHANGE

In Part III of the report the Board presents 31 recommendations. They are organized into eight areas: **Recognizing the National Emergency; Providing Leadership; Coordinating Efforts; Generating Knowledge; Diffusing Knowledge; Increasing Human Resources; Providing and Improving Programs; and Planning for the Future.** A description of each recommendation follows. **The complete text of all of the recommendations can be found in Appendix G of Part IV of the report.**

Recognizing the National Emergency

The first three recommendations of the Board are shaped by the Board's conviction that **addressing the emergency begins with all elements of American society acknowledging their shared responsibility** for the emergency. That must then be followed by acceptance of **responsibility for remedying the emergency.**

In Recommendation #1 the Board urges **each citizen** to **recognize** that: **(a) very, very large numbers of children are regularly and severely mistreated in and out of their homes by members of their families; (b) the incidence is widespread throughout all reaches of American society; (c) the maltreatment of children has persisted for a very long time; (d) the nation's efforts to treat child victims have been woefully inadequate; and (e) the nation is not doing what it could do to prevent child maltreatment in America.**

The Board urges **each American** to **understand** that he or she is **personally responsible** for preventing harm to all the maltreated children of the nation. He or she must **join with all other citizens in resolving** that the continued existence of **child maltreatment is intolerable.**

In **Recommendation #2** the Board urges **each elected official throughout the nation at all levels of government** to recognize that the efforts of the civil servants who labor valiantly to curb the maltreatment of children are increasingly being undercut by public child protection programs that have inadequate budgets, shrinking staffs, expanding caseloads, insufficient coordination, and uncertain leadership. These officials should **take whatever steps are necessary**--including identifying new revenue sources--to **rehabilitate the nation's child protection system.**

In **Recommendation #3** the Board urges the **U.S. Congress, State legislatures, and local legislative bodies** to recognize that the link between child maltreatment and crime has been established. From this perspective, the effects of societal neglect of low income, vulnerable children and their families have already done more damage to society than any war in which America has been engaged in this century. The Board urges all members of legislatures to **view the prevention of child abuse and neglect as a matter of national security** and, as such, to increase their support for basic necessities, such as housing, child care, education, and prenatal care for low income families.

Providing Leadership

The next five recommendations are shaped by the Board's conviction that, once responsibility for remediating the emergency is accepted, **greater leadership is required within both the executive and legislative branches of government at all levels.** In addition, **more leadership** needs to be exerted by the **organized scientific and professional communities.**

In **Recommendations #4-6** the Board urges **the President, the Governors of the several States, and the County Executives and Mayors** to **become the visible and effective leaders** within their respective jurisdictions **in renewed child protection efforts.** Those efforts should focus on preventing the maltreatment of American children and helping the nation better serve those children who have been abused and neglected.

President Bush is urged to consider **addressing the nation, declaring the present crisis in child abuse and neglect to be a national emergency, and calling for a national commitment to respond to it.** The President is also urged to consider **convening a summit conference of the Governors** to begin planning State initiatives on child abuse and neglect and to provide recommendations to the President and the U.S. Congress on Federal actions that would assist the States in their efforts to respond to this national emergency.

In **Recommendation #7** the Board urges the **U.S. Congress, State legislatures, and local legislative bodies** to **provide sufficient funding for child abuse and neglect efforts.** Having noted that the Congress has made clear its willingness to honor commitments in other areas, the Board reminds legislators that providing adequate funding for the protection of children from abuse and neglect constitutes the fulfillment of a commitment equal in importance to the nation's future as, for example, rescuing its banking system.

Because **scientific societies and professional organizations** are especially influential in the formation and review of child and family policy, in **Recommendation #8** the Board urges such societies and organizations to **respond to the emergency at a level commensurate with its seriousness.** Scientific societies are urged to stimulate and synthesize needed research. Professional organizations are urged to provide guidance to their members on the complex issues involved with practice related to child maltreatment and to encourage their members' active involvement with the problem. Both the societies and organizations are urged to participate in educating the public.

Coordinating Efforts

The next three recommendations are shaped by the Board's conviction that corollary to the exercise of more leadership is the **more effective coordination of existing and proposed efforts.** At the Federal level, at least 31 programs are significantly involved in some aspect(s) of the Federal effort on child maltreatment. The Federal experience is mirrored, indeed amplified, within State and local governments.

The reality for much of the country is that agencies responsible for responding to reported child maltreatment cases often have not worked well together, have not shared information needed to protect children, and have failed to develop inter-agency agreements to ensure that case coordination occurs. Federal and State funding has provided inadequate incentives to improve coordination or eliminate roadblocks to effective inter-agency cooperation. In **Recommendation #9** the Board proposes that the **Secretary of Health and Human Services**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, and the **Governors of the several States identify and eliminate barriers** which stand in the way of providing **coordinated community services related to the protection of children.**

In **Recommendation #10** the Board proposes that the **Secretary of Health and Human Services**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, and the **Director of the Office of National Drug Control Policy in the White House** assure that **all relevant aspects of the Federal, State, and local effort to control substance abuse are coordinated with efforts to prevent and treat child abuse and neglect.** Implicit in the recommendation is the knowledge that coordination between substance abuse specialists, child protection professionals, and public health and legal experts is vital to developing sound public policies in this area.

In **Recommendation #11** the Board proposes that the **Secretary of Health and Human Services** and the **Attorney General**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, undertake **joint efforts** to address the issue of **fatal child abuse and neglect** caused by family members and other caretakers. These efforts should include the identification and vigorous **dissemination to State and local governments of models for more effective coordination** at the State and local levels of government.

Generating Knowledge

The next four recommendations are shaped by the Board's conviction that **good policy begins with good facts.** Although America knows more about child abuse and neglect today than any society in history has ever known, there are **significant gaps in the nation's knowledge base.**

In **Recommendation #12** the Board proposes that the **Secretary of Health and Human Services** and the **Attorney General**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, take whatever steps are necessary to **establish** a Federal **data collection system** that provides a comprehensive national picture of child maltreatment and the response to it by the several governments of the United States. The **new system** should reflect not only the **social services dimensions** of the problem but the **public health, mental health, and legal/judicial dimensions**, as well.

Gaps in knowledge exist for several reasons that can be significantly reduced. In **Recommendation #13** the Board proposes that the **Secretary of Health and Human Services** launch a **major coordinated initiative** involving all relevant components of the Department of Health and Human Services to **promote the systematic conduct of research** related to child abuse and neglect.

Much more can be done to build knowledge about what works. In **Recommendation #14** the Board proposes that the **Secretary of Health and Human Services**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, launch a **major coordinated initiative** to use multidisciplinary **knowledge about what works** as the cornerstone of Federal efforts to **rehabilitate** the quality of the **child protection system.**

Both the number and the professional qualifications of individuals conducting knowledge-building activities on child abuse and neglect should be increased. In **Recommendation #15** the Board proposes that the **Secretary of Health and Human Services**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, **in concert with the nation's private foundations that have an interest in children**, launch a **major initiative** to accomplish that objective.

Diffusing Knowledge

Knowledge that is generated but unpublicized is of little practical use. Although the study of child abuse and neglect has generated much knowledge of potential use to practitioners, policymakers, and the general public, little of that knowledge has reached those audiences. To address this issue, the Federal Government has tried various approaches. Unfortunately, none now in place have sufficiently met the tremendous need for state-of-the-art knowledge.

In **Recommendation #16** the Board proposes that the **Secretary of Health and Human Services**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, take whatever steps are necessary to **assure** that **practitioners, policymakers,** and the **general public (especially parents)** have ready and continuous **access** to comprehensive, consistent state-of-the-art **information** on child abuse and neglect. Such steps should include **establishing** a **permanent governmental unit** from which this information is available.

In **Recommendation #17** the Board proposes that **associations of journalists, broadcast executives, publishers, public relations firms, deans and faculty of schools of journalism,** as well as **individual media outlets**--join in a **campaign to promote public understanding** of the child protection emergency and the most effective ways of addressing it. The media have taught the public that child maltreatment exists. Now it is time for urgently worded but carefully researched news stories about the emergency.

Increasing Human Resources

The next six recommendations are shaped by the Board's conviction that, intrinsic to the **crisis** in the child protection system, are the **status, qualifications, training, workload, and representativeness of public agency CPS caseworkers.** Also of great importance is the need for **better professional preparation** of **other specialists** in the child protection system.

The CPS worker of today was unknown just 20 years ago. People who work in public CPS agencies are often at the lower end of prestige and salary scales. Many become overwhelmed, discouraged, and burned out. They often quickly leave the agency. To address this problem, in **Recommendation #18** the Board proposes that the **Secretary of Health and Human Services,** the **U.S. Congress,** their **counterparts in State governments,** and the **Governors** of the several States, **in concert with professional associations and organizations,** take concrete steps to **establish** the **position of public agency "child protective services caseworker"** as a **professional specialty** with commensurate minimum entry-level educational requirements, salary, status, supervision, administrative support, and continuing education requirements.

Tragically, in most of the country a CPS caseworker need not possess either a master's or bachelor's degree in social work. Because the Federal Government plays such a large role in the financing of State and County CPS agencies, it can contribute to the effort to upgrade the qualifications of personnel by establishing minimum educational requirements as a condition of Federal financial participation. In **Recommendation #19** the Board proposes that the **Secretary of Health and Human Services,** the **U.S. Congress,** and their **counterparts in State governments** take the necessary steps to **establish minimum educational requirements** for the **position of public agency CPS caseworker** in agencies which receive Federal financial support. Such requirements should provide for the **substitution** of **experience** for education.

In recent years, much more attention has been given to providing pre-service and in-service structured education for the front-line CPS caseworker. By and large, however, such training has been neither constant nor consistent. To address this problem, in **Recommendation #20** the Board proposes that the **Secretary of Health and Human Services,** the **U.S. Congress,** and their **counterparts in State governments** take the necessary steps to **assure** that all **public agency CPS caseworkers** systematically receive adequate **pre-service and in-service continuing training** for the proper performance of their duties.

Although CPS agencies have done heroic work in trying to keep pace with the virtual flood of increased reports, the caseloads in many agencies are **two or three times** above a manageable level. While some States have appropriated additional funds for CPS agencies to increase the numbers of workers and decrease the size of caseloads, many CPS agencies have been particularly hard hit by government funding cutbacks and have become dangerously understaffed. To address this problem, in **Recommendation #21** the Board proposes that the **Secretary of Health and Human Services,** the **U.S. Congress,** and their **counterparts at the State and County levels, in concert with private sector support,** should take the necessary steps to **establish acceptable caseload standards** so as to reduce the caseload sizes of public agency CPS caseworkers in agencies which receive Federal financial support.

The present work force in public CPS agencies is not representative of the social, economic, cultural, and racial characteristics of agency caseloads. To achieve a higher level of competence in the minority and cultural arena, in **Recommendation #22** the Board proposes that **State and local social services officials** launch an aggressive **campaign** to **recruit new CPS caseworkers representative of the racial, ethnic, and cultural composition** of the child maltreatment **caseload population.**

Physicians, social workers, judges, and attorneys commonly enter the field without any formal education on child maltreatment. To address this problem, in **Recommendation #23** the Board proposes that the **Secretary of Health and Human Services** and the **Secretary of Education**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, take several specified steps to **assure a steady increase** in the **total number** of the nation's **professionals** who possess the necessary **competence and skill** to participate effectively in the **protection of children**, including the establishment of a new Federal fellowship program.

Providing and Improving Programs

The next six recommendations are shaped by the Board's conviction that both **treatment** as well as **prevention** efforts need to be and can be significantly strengthened. Special attention is also called to the **roles** of the **private sector**, the **judicial system**, and the **educational system** in the protection of children.

As child abuse and neglect reports have skyrocketed, State and County child welfare agencies have been able to provide treatment to only a fraction of those children who need it. State and County child welfare programs have not been designed to get immediate help to families based on voluntary requests for assistance. Thus, it has become far easier to report one's neighbor for child abuse than it is for that neighbor to request and receive help before the abuse happens. In **Recommendation #24** the Board proposes that the **Secretary of Health and Human Services**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, and the **Governors of the several States ensure** that **more resources** are **allocated** to establishing voluntary, non-punitive **access to help**.

At its root, child protection is preventive--protection of children from further harm when maltreatment has occurred, and, ideally, prevention of maltreatment altogether. The best documented preventive efforts are for home visitation services for families of infants, which are universal in many developed countries but are not now widely available anywhere in the United States. In **Recommendation #25** the Board proposes that the **Secretary of Health and Human Services**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, and the **Governors of the several States ensure** that **efforts to prevent** the maltreatment of children are **substantially increased**. Such efforts, at a minimum, should involve a **significant expansion** in the availability of **home visitation and follow-up services for all families of newborns**.

Too often advocates for a greater emphasis on prevention, or a greater emphasis on treatment, have battled to expand the approach they favor at the expense of each other. In **Recommendation #26** the Board proposes that, to the extent that the **U.S. Congress** and **State and local legislative bodies** determine that resources devoted to child maltreatment should be expanded, they **assure** that **resources devoted to prevention** and **resources devoted to treatment** do not come at the **expense of each other**.

"Public/private partnerships" are now considered, by many, to be the most effective way out of many overwhelmingly difficult and expensive societal predicaments. Child abuse and neglect is a problem of such magnitude and complexity that significant cooperation between the public and private sectors is essential, if it is to be remediated. In **Recommendation #27** the Board proposes that the headquarters or regional units of **private sector organizations** take several specified steps to **increase significantly** the **involvement** of their **local affiliates and outlets, members**, or **employees** in **child protection efforts**.

Government at all levels should **facilitate** the development of **public/private partnerships** aimed at enhancing the role of the private sector in the **prevention and treatment of child abuse and neglect.**

Over the last decade, many court systems have been overwhelmed by the number and complexity of child abuse and neglect related cases that require judicial intervention after an investigation is completed. Much more also remains to be done to help assure that all abused and neglected children who have their cases heard in the judicial system have the benefit of independent advocacy. In **Recommendation #28** the Board proposes that the **Attorney General, the U.S. Congress, the State legislatures, the Chief Justice of each State's highest court,** and the **leaders of the organized bar** take several specified steps to assure that **all State and local courts** handling the large numbers of civil and criminal child abuse and neglect cases coming before the court system promptly and fairly resolve these cases. These officials should also take steps to assure that every child has independent advocacy and legal representation throughout the judicial process, and that CPS caseworkers are represented by counsel throughout the judicial process.

The educational system could be an essential part of a multidisciplinary approach to the protection of children. For schools to accomplish that will require: greater leadership from their school boards, PTAs, and the Federal, State, and local governments; technical assistance from educational organizations; and considerably enhanced financial resources. In **Recommendation #29** the Board proposes that the **Secretary of Education** and his **counterparts in State and local educational agencies, in concert with the leaders of all relevant national educational organizations and their State and local affiliates,** launch a **major initiative** to **establish and strengthen** the **role of every public and private school** in the nation in the **prevention, identification, and treatment of child abuse and neglect.**

Planning for the Future

The final two recommendations are shaped by the Board's intention during the years ahead to design and propose a new national strategy for the protection of children. The current planning efforts called for in the two recommendations can serve as companion efforts to the long-range planning inherent in the design of a new strategy, as well as potent responses to the present emergency in child protection.

Knowledge is needed about the cost of implementing for the first time in America a comprehensive program for the prevention and treatment of child abuse and neglect. Political realities in today's tight fiscal context also require that legislative bodies carefully document the costs of not developing and implementing such a program. Comprehensive estimates in either instance are not now available. In **Recommendation #30** the Board proposes that the **U.S. Congress direct** an appropriate **research agency** to **determine** the **cost of developing and implementing a comprehensive national program** for the prevention and treatment of child abuse and neglect, as well as the projected **cost of not developing and implementing** such a program.

To date, there have been no long-term, comprehensive Federal or State plans to reduce child abuse and neglect or to ameliorate their effects when they occur. In **Recommendation #31** the Board proposes that the **Secretary of Health and Human Services**, working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect, **in concert with the National Governors Association, the U.S. Conference of Mayors, and the National Association of Counties**, develop a **model planning process** aimed at **generating plans** for the **coordinated, comprehensive, community-based prevention, identification, and treatment of abuse and neglect.** Appropriate **steps** should be taken to **assure** that the **model process** is **implemented throughout the nation.**

IV. APPENDICES

In Part IV of the report the Board presents descriptive information about its statutory basis, its composition, its committees, the staff and other forms of support it was provided, and its activities to date. The Appendix which describes the activities of the Board contains lists of the witnesses who testified before the Board.

CONCLUSION

In presenting its first report to the nation, the Board has attempted to provide direction, vision, and leadership. The Board expects that its recommendations will serve as the impetus for much-needed action to address the national emergency.

ACKNOWLEDGMENTS

Many individuals and organizations assisted the U.S. Advisory Board on Child Abuse and Neglect during the development of this, its first report. Although space does not permit us to name all of them, some deserve special mention.

Secretary of Health and Human Services **Louis W. Sullivan** gave the Board its initial charge and inspiration, encouraging us "to plumb the depths of (our) experience" in fashioning a report to him that could provide an agenda for his leadership on the issue of child abuse and neglect in America.

Representative **Major R. Owens** (D-NY) and Senator **Christopher J. Dodd** (D-CT), chairs of the two congressional subcommittees that have oversight responsibilities for the Federal child abuse and neglect program, encouraged us to persist in developing a report that would be as helpful to the U.S. Congress as it would be to Secretary Sullivan.

Mary Sheila Gall, Assistant Secretary for Human Development Services in the Department of Health and Human Services, and **Wade F. Horn**, Commissioner of the Department's Administration on Children, Youth and Families, both important senior Federal officials concerned with American child welfare policy, assisted us in fulfilling our legislative mandate and respected our independence.

Byron D. Metrikin-Gold, Executive Director of the Board, for much of this first year its sole staff person, was totally dedicated to the Board's mission as well as tireless, patient, and always available to guide it expertly through a difficult gestation period. The Board was fortunate indeed to have the support of a government employee of Byron's professional stature, organizational ability, and exhaustive knowledge of Federal advisory boards and commissions.

Eileen H. Lohr, who joined the Board's staff in the middle of its first year, took over from Byron an immense set of administrative responsibilities, and she expertly prepared countless drafts of this report along with providing the Board with useful editorial advice that has significantly contributed to this, its final year-one work product.

Diane D. Broadhurst, special consultant to the Board, absorbed its fifteen members' thoughts, phrases, and concerns about the protection of children in America and, along with her own extensive knowledge of the subject, wove all of this into an impressive first draft of the report. Her assimilation of the members' views along with her personal expertise provided a crucial foundation for this product.

Susan A. Weber and **Betty J. Stewart** who were responsible for the operation of the National Center on Child Abuse and Neglect (NCCAN) and the Children's Bureau during the years immediately preceding the Board's formation, provided it with an invaluable orientation about Federal child protection programs in which they were intimately involved.

Jeffrey A. Rosenberg and **Jim F. Young**, both interim directors of NCCAN during this first year of Board work, provided it with useful information about recent directions and initiatives of this program.

Madeline Nesse and **Melinda V. Golub**, attorneys in the Office of the General Counsel of the Department of Health and Human Services, assisted the Board with expert legal counsel services.

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Ruthie Sheppard and her colleagues at Westover Consultants, Inc., provided logistical support for the Board's first four meetings in a thorough and efficient manner.

The Board also expresses its appreciation to those **colleagues** who reviewed drafts, identified background material, suggested and checked references, and otherwise assisted the Board members in the preparation of this report.

All of these, and others (especially the **families of the Board members and staff**), have our deep appreciation for supporting us through the fulfillment of our statutory obligations, often under difficult and challenging circumstances.

I. THE NEED FOR A NATIONAL STRATEGY ON CHILD ABUSE AND NEGLECT

A. A DECLARATION OF THE NATIONAL EMERGENCY

> "It was the best of times, it was the worst of times,
> it was the age of wisdom, it was the age of foolishness,
> it was the epoch of belief, it was the epoch of incredulity,
> it was the season of Light, it was the season of Darkness,
> it was the spring of hope, it was the winter of despair,
> we had everything before us, we had nothing before us,
> we were all going direct to Heaven,
> we were all going direct the other way."
>
> Charles Dickens, A Tale of Two Cities

Dickens's characterization of life in 18th century Europe is valid today as a description of how America's children are faring. The health and potential longevity of most of the nation's children are greater than at any other time in American history. Neonatal and infant mortality rates have improved significantly over the last fifty years,[1] and many fatal or crippling diseases such as poliomyelitis, diphtheria, and tetanus have virtually disappeared.

Yet in the midst of this picture of healthy children is a subpopulation for whom these are the worst of times. They are America's **abused and neglected children**. What renowned pediatrician Dr. C. Henry Kempe estimated to be a problem affecting 302 hospitalized "battered children" in 1961[2] has grown to a problem reflected by reports of 2.4 million abused and neglected children in 1989.[3] Today, there are few pediatric problems more prevalent.

In recent years, the nation has come to recognize that it confronts many potential emergencies. Pressing crises exist in education, health care, housing, banking, prisons, transportation systems, energy supplies, the environment, and, of course, substance abuse.

For twenty-five years the nation has become more aware of the magnitude of child abuse and neglect. When the nation thought there were only 302 cases, the problem seemed manageable. With over two million reports, the nation is in very serious trouble, and, as Dickens says: "... going direct the other way."

The U.S. Advisory Board on Child Abuse and Neglect (the Board) has concluded that child abuse and neglect in the United States now represents a national emergency.

Why does the Board reach this conclusion?

The Board finds that, in spite of the nation's avowed aim of protecting its children, each year **hundreds of thousands** of them are still being starved and abandoned, burned and severely beaten, raped and sodomized, berated and belittled. The consequences of this maltreatment will remain with them throughout their lives. For some, those lives will be tragically short because many children die as a result of their maltreatment.

The Board further finds that the **system** the nation has devised to respond to child abuse and neglect **is failing.** It is not a question of acute failure of a single element of the system; there is chronic and critical multiple organ failure. In such a context, the safety of children cannot be ensured. Indeed, the system itself can at times be abusive to children.[4]

Moreover, the Board estimates that the United States spends **billions** of dollars on programs that deal with the **results** of the nation's failure to prevent and treat child abuse and neglect. Billions are spent on law enforcement, juvenile and criminal courts, foster care and residential facilities, and the treatment of adults who themselves were maltreated in a prior generation. Billions more are spent on efforts to prevent substance abuse, eating disorders, adolescent pregnancy, suicide, juvenile delinquency, prostitution, pornography, and violent crime--all of which have substantial roots in childhood abuse and neglect. Programs (and dollars) that address these outcomes and do not address and recognize the relationship of abuse and neglect to them are not likely to succeed.

The American child maltreatment emergency leads the Board to make the following observations:

Child abuse is wrong. Not only is child abuse wrong, but the nation's lack of an effective response to it is also wrong. Neither can be tolerated. Together they constitute a moral disaster.

Children are in a dependent position because of their inability to care for themselves, or because the law and social custom have established that children are unable to act on their own behalf. Society has decided that healthy socialization demands that parents--and other adults charged with caring for children outside the home--should have great control over children's lives. It is especially cruel when such control, intended for children's own benefit, instead is used to degrade or exploit them.

Beating children, chronically belittling them, using them for sexual gratification, or depriving them of the basic necessities of life are repellent acts and cannot be permitted in a civilized society. Tolerating child abuse denies the worth of children as human beings and makes a mockery of the American principle of respect for the rights and needs of each individual.

Child neglect is also wrong.

Children must be given the basic necessities of life--food, shelter, clothing, health care, education, emotional nurturance --so that they do not suffer needless pain. If children are to become full participants in the community, then they must be given basic sustenance so that they will then be in a position to develop their own personality and point of view. Children are not in a position to obtain such sustenance on their own. When those who have assumed responsibility for providing the necessary resources for children (usually parents) fail to do so, it is wrong. When parents and other caretakers have the psychological capacity to care for their children adequately but lack the economic resources to do so, society itself is derelict when it fails to provide assistance.

All Americans share an ethical duty to ensure the safety of children.

The nation recognizes and enforces children's dependency upon adults. In such a context, Americans should ensure, at a minimum, that children are protected from harm. With the adoption just months ago (November 1989) of the Convention on the Rights of the Child, the United Nations General Assembly recognized such protection for children as a basic human right essential to their dignity.

Protection of children from harm is not just an ethical duty: it is a matter of national survival.

It is bad enough--simply immoral--that the nation permits assaults on the integrity of children as persons. To make matters worse, such negligence also threatens the integrity of a nation that shares a sense of community, that regards individuals as worthy of respect, that reveres family life, and that is competent in economic competition.

Although some children recover from maltreatment without serious consequences, the evidence is clear that maltreatment often has deleterious effects on children's mental health and development, both short- and long-term.[5]

Maltreated children are more likely than their peers to have significant depression.[6] They also are more apt to engage in violent behavior, especially if they have been subjected to physical abuse,[7] and their social and moral judgments often are impaired.[8] Maltreated children also tend to lag behind their peers in acquiring new cognitive and social skills, so that their academic achievement is chronically delayed.[9]

Often these effects are long-lasting and even intergenerational. For example, the rate of depression among adult women who report having been sexually abused as children is quite high.[10] Adult survivors of sexual abuse also are especially likely to report concerns about their sexual adequacy.[11] Similarly, aggressiveness is a remarkably persistent personality trait in abused boys[12] and often is part of a pattern of continuing antisocial behavior.[13] Although most maltreated children do not become maltreating parents, the risk of their doing so is markedly greater than if they had not been abused themselves.[14]

Infants or young children are at greater risk of serious physical harm as a result of abuse or neglect.[15] For evidence, one need only look at the costs accrued in intensive care units when infants are shaken or beaten,[16] when young children suffer serious injuries when they are left unsupervised,[17] and when infants "fail to thrive," and their survival and development are threatened by a lack of weight gain and emotional nurturance as a result of neglect.[18]

Although most victims of serious and fatal child abuse are very young, to regard older children and adolescents as invulnerable to the severe consequences of abuse and neglect is a mistake.

The consequences of maltreatment in adolescents can manifest in a variety of devastating ways--running away,[19] prostitution,[20] pregnancy,[21] delinquency,[22] substance abuse,[23] or suicide.[24] Adolescents are a special population in that they can be victims and perpetrators, as well as children and parents, all at the same time. Too often, abuse of adolescents is dismissed as less serious than other forms of abuse, when in reality adolescence presents the last chance to work with victims before they become parents.

All Americans should be outraged by child maltreatment. Even when it causes no demonstrable harm to children, it is shameful.

B. THE U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

The U.S. Advisory Board on Child Abuse and Neglect was established under provisions of Public Law 100-294, the 1988 Amendments to the Child Abuse Prevention and Treatment Act.* Those provisions require the Board to prepare an annual report to the U.S. Secretary of Health and Human Services, to appropriate Committees of the U.S. Congress, and to the Director of the National Center on Child Abuse and Neglect (NCCAN). The purpose of that report is to evaluate the nation's efforts to accomplish the purposes of the Act and to make recommendations on ways in which those efforts can be improved. This is the first report of the Board.

In May 1989, the fifteen members representing various disciplines as well as specific "constituencies" defined by statute, met and were sworn in by the Honorable Louis W. Sullivan, M.D., Secretary of Health and Human Services. Secretary Sullivan issued a clear charge "to probe, to explore, to plumb whatever depths your experience and educated 'hunch' tells you needs plumbing."[25]

Board members began the process of responding to Secretary Sullivan's charge by attempting to examine the child protection system. They looked at: the Federal Government (NCCAN and many other Federal agencies); public child protective services agencies (State or County administered); and the foster care, mental health, educational, judicial, and correctional systems. Through the usual brainstorming process, assisted by information gathered at public hearings, meetings of the full Board, and meetings of its Executive Committee, members identified a long list of major deficiencies in child protection. Each member began to ponder solutions. More than 100 statutory and regulatory changes were envisioned, a legislative drafter's dream.

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* The provisions of the Act related to the Board are set forth in Appendix A of Part IV of this document. Appendix B contains the addresses and telephone numbers of all Board members. Part IV also contains other descriptive information about the Board.

However, the Board came to realize that the length of this list was symptomatic of a much deeper difficulty in the nation's efforts to recognize, treat, and prevent the abuse and neglect of its children. Merely presenting one hundred or more isolated, disjointed solutions, the Board decided, would not significantly help.

The Board concluded that the full weight of the deficiencies which it had identified demand the long-term development of a new, carefully planned, coherent approach for assuring the safety of children. It believes, however, that the extent of the emergency is so compelling that it dictates an immediate response. The Board has decided, therefore, to devote its first report to **alerting the nation** to the existence of an emergency and to recommending 31 **critical first steps** which the nation must undertake in the immediate years ahead, if the emergency is to be contained and rolled back.

C. THE BOARD'S RESPONSE TO THE EMERGENCY

The 31 critical first steps are set forth in Part III of this report in the form of recommendations. In developing those recommendations, the U.S. Advisory Board on Child Abuse and Neglect did not believe it useful to assign blame for the creation of the emergency. That emergency has evolved because of a lack of comprehensive policy development across time, not in any one administration. No one branch or level of government is exclusively culpable.

The recommendations are generally broad and "constitutional" in scope. They are not meant to provide the answers to every question that the U.S. Congress, the U.S. Department of Health and Human Services, and the public are raising about specific issues related to child protection--such as how an individual Federal program can be improved, how a public child protective services agency can keep a child from dying, how to prevent the sexual molestation of children, or how to better determine which abuse allegations are true or false. Thus, implementing the 31 recommendations, alone, will not eliminate all the shortcomings in the nation's response to the abuse and neglect of children.

The Board understands that the child abuse and neglect emergency does not exist--nor can it be dealt with--in a vacuum. Nevertheless, as members of the U.S. Advisory Board on Child Abuse and Neglect, our central focus is child maltreatment and what the nation should do about it. Thus, this report does not address as fully as the members might prefer the many social and health problems--other than child maltreatment--facing children in the United States today, which contribute, in part, to the emergency.

In that regard, the Board believes that the nation's present system of child welfare services is in need of substantial improvement. However, this report does not contain a detailed blueprint for a new child welfare system. While such a blueprint may emerge from future work of the Board, this report deals with critical first steps needed to address the national child protection emergency.

The 31 recommendations provide a **framework** for what, the Board expects, will be a decade of review and reconstruction of policies and programs that have exacerbated the emergency. **The Board believes that acting in accordance with this framework will result in a substantial reduction of child maltreatment by the end of the decade.**

As important as these 31 critical first steps are, implementing them will only result in controlling the emergency. Once the emergency is brought under control, the Board believes that the nation should commit itself to achieving an equally important goal: **the replacement of the existing child protection system with a new, national, child-centered, neighborhood-based child protection strategy.** The Board believes that only such a strategy has any ultimate hope of eliminating this national scourge.

Designing such a strategy will preoccupy the Board during the next several years. Future Board reports will incrementally detail the strategy. A set of objectives for a new strategy, as the Board initially conceptualizes them, is set forth in Section H of Part III of this report.

All of the 31 recommendations contained in the report, when implemented, will facilitate movement toward the adoption of a new strategy. The two recommendations set forth in Section H of Part III, however, most specifically will serve as the **bridge** between immediate measures aimed at reforming the current child protection system and long-term measures aimed at replacement of that system.

In addition to detailing the strategy, future reports also will expand upon and supplement this report. Supplemental reports will provide detailed program, funding, staffing, and other recommendations, both long- and short-term, "to prevent duplication and ensure efficient allocations of resources and program effectiveness."[26] Supplemental reports also will target specific areas which require extra scrutiny.

For example, the Board realizes that the abuse and neglect of children occurs in many settings both inside and outside of the family. While there are some similarities in the dynamics of intra-familial and extra-familial abuse and neglect, the differences in the impact of each form of maltreatment on children, families, and society are great.

The Board decided that distinguishing those differences was too large a task for this report. Consequently, the Board decided to deal with the issue of extra-familial abuse and neglect in a supplemental report. By treating the issue in that way the Board does not mean to minimize its importance.

The statute which established the Board also established a companion body, the U.S. Inter-Agency Task Force on Child Abuse and Neglect. Shortly, the Board expects to receive a plan for Federal action developed by the Task Force. Once this information is in hand, the Board will be able to address some of the other tasks laid out in its enabling legislation and in the specific charge from Secretary Sullivan.

In presenting its first report to the nation, the Board urges the nation to recognize that the obstacles ahead are enormous. They are enormous because there are more cases of child abuse and neglect than the child protection system as now constituted can adequately handle. They are also enormous because after nearly thirty years of responding to the problem of child maltreatment, the gap between what needs to be done and what is being done grows wider every year.

To help the nation overcome these obstacles, the Board has attempted to provide direction, vision, and leadership. The Board expects that its recommendations will serve as the impetus for much needed action to address the national emergency described in detail in Part II of this report, which follows.

II. CHILD ABUSE AND NEGLECT IN AMERICA

In Part II of this report, the Board presents an overview of the problem of child abuse and neglect and the nation's public- and private-sector attempts to protect children from maltreatment. Americans need to understand how the nation got into this emergency as a prelude to getting itself--and America's children--out of it.

The overview is divided into the following eight areas:

A. The Scope Of The Problem

B. The Complexity Of The Problem

C. The Relationship Of The Problem To Changes In Family And Community Life

D. The Nature Of The Child Protection System

E. The Role Of The Private Sector In The Child Protection System

F. The Crisis In The Child Protection System

G. The Relationship Of Government To The Crisis

H. A Proposed Program Of Reform

A. THE SCOPE OF THE PROBLEM

An understanding of the magnitude of child maltreatment requires an understanding of the problem inherent in defining it. It also requires an understanding of its incidence.

Definition

All thoughtful Americans would agree that the physical abuse of children, the sexual abuse of children, the emotional abuse of children, and the physical neglect of children constitute **child maltreatment**. What thoughtful Americans have difficulty in agreeing upon, however, is the precise definition of each of these terms.

American society is heterogeneous. It is not surprising, therefore, that when it comes to defining what adult behavior toward children warrants societal intervention, there is variability in the language of state statutes, the interpretation of that language by governmental agencies, and the attitudes of the public toward the application of these statutes.

Society believes that, to the maximum extent possible, parents need to be free of government interference in the raising of their children. On the other hand, society believes equally that it is a basic responsibility of government to protect children from abuse and neglect. While it is difficult for society to define the boundary between acceptable and unacceptable behavior toward children, an enormous amount of clearly harmful behavior exists.

Incidence

Some may question whether the incidence of child abuse and neglect amounts to an emergency. An analogy may be useful.

During the year in which the worst epidemic of poliomyelitis occurred in the United States--an epidemic which stimulated a national "mothers' march on polio"--3,145 children died and 21,269 others were paralyzed.[1] In 1989, at least 1,200 and perhaps as many as 5,000 children died as a result of maltreatment,[2] and over 160,000 children were seriously harmed.[3]

In contrast to the incidence figures for polio, the figures for abuse are approximate because there has been no consistent national effort to collect accurate data. Nevertheless, available information indicates that in 1989, 2.4 million reports of suspected child maltreatment were filed in the United States, of which more than 900,000 cases were officially substantiated.[4] It has been estimated that 2.5 percent of American children are abused or neglected each year.[5]

The increase in the number of reports of child maltreatment in recent years has been astronomical. When the "battered child syndrome" was first identified, Kempe et al. estimated it to be a problem affecting 302 hospitalized children.[6] In 1974, there were about 60,000 cases reported, a number that rose to 1.1 million in 1980 and more than doubled during the 1980's.[7]

Experts do not know whether the increase in reports is primarily the result of a change in public awareness or whether it largely reflects actual increases in the incidence of some forms of child maltreatment. In either case, the number of substantiated cases of which the nation is now aware undeniably represents an extremely serious social problem requiring a major societal response.

Experts do know that the magnitude of the increase in reports is not the product of widespread vindictive, careless, or overanxious reporting. While such errors in judgment do occur occasionally, the proportion of substantiated cases (nearly one-half of all reports) has varied little since mandated reporting laws were enacted in the late 1960's.[8] Accordingly, the absolute number of substantiated cases has increased at a rate as shocking as the increase in the number of reported cases.

The number of substantiated cases of child maltreatment is almost too great to imagine, but there are reasons to believe that even that number is just a fraction of the actual incidence of child abuse and neglect. Surveys of professionals working with children consistently show that large proportions of cases of suspected child maltreatment remain unreported, despite the requirements of law.[9] Moreover, some cases that are reported but not substantiated do in fact involve child maltreatment, but the evidence is inadequate to prove the cases.

B. THE COMPLEXITY OF THE PROBLEM

The problem of child maltreatment not only is of enormous magnitude, but it also is complex. In both causes and manifestations, child maltreatment represents the complex interaction of numerous factors. Many of these factors are serious social and personal problems in themselves. While all of the factors which interact in the causes and manifestations of maltreatment are important, several have special significance: poverty, ethnicity, neighborhood dysfunction, mental health problems, substance abuse, and the presence of children with special needs.

Poverty

Although child maltreatment occurs in all socioeconomic and cultural groups in society, its reported incidence is disproportionately large within those groups that are least powerful and subjected to the most stressors. Data have shown that the higher the poverty rate is in a neighborhood, the higher the rate of maltreatment will be.[10] Although reporting bias and class-related variations in public authorities' knowledge about families may account for some of the relationship between social class and child maltreatment rates, the evidence is strong that poverty makes child maltreatment much more likely.[11] A national incidence survey showed that child maltreatment was seven times more likely in families with incomes under $15,000 (in 1986) than in families with higher incomes.[12]

Ethnicity

Reflecting the high rates of poverty among ethnic minorities, minority children enter the child protection system in disproportionately large numbers.[13] Upon entering the child protection system, minority families are especially likely to be subjected to intrusive interventions.[14]

In responding to suspected maltreatment in minority families, the child protection system sometimes has difficulty taking into account cultural differences. Such differences are manifest in the allocation of responsibility for childrearing, the discipline of children, and ways in which nurturance and healing are provided.[15] A further difficulty for the child protection system is that society sometimes misperceives some cultural practices involving children as abusive.[16]

When maltreatment is identified, it is often difficult for the child protection system to respond in a fully competent manner. In this context the term "competence" implies a manner which is congruent with cultural expectations and which utilizes strengths and supports that are consistent with cultural norms (e.g., reliance on extended families).

Responses by child protection system personnel to maltreatment in minority families do not always reflect an understanding of the connection between racism and child maltreatment. Nor do they always reflect an understanding that the use of traditional legal interventions often does not "fit" within a particular culture.[17]

Neighborhood Dysfunction

As the discussion of cultural factors suggests, the prevalence of child maltreatment is not just a matter of the level of economic resources that individual families have available to them. Child maltreatment is especially likely to occur when communities have been so drained that individual families under stress lack support from their neighbors. Such dysfunctional communities include many inner city neighborhoods, rural trailer parks, and rural communities where economic factors have squeezed out farming and local businesses.

When neighborhoods of similar social class are compared, those that are regarded as less desirable places to live have higher rates of child maltreatment.[18] In such communities, neighbors have less involvement with other families. Such a common lack of social support within a neighborhood complements the well-established finding that child maltreatment occurs much more frequently among families that are socially isolated.[19]

Mental Health Problems

Of course, most parents, even when under great economic and social stress and without adequate social supports, do their best to ensure their children's safety. Some parents' mental health problems can interfere, though, with care of their children to the point that they harm them or negligently place them in unsafe environments.

In some instances, placing one's children at risk is simply one element of syndromes of impulsive and irresponsible behavior.[20] More commonly, the picture is one of simple inadequacy, with substantial deficits in social skills, difficulty in integrating and controlling emotion, and a chronic sense of powerlessness and low self-esteem.[21]

Whichever picture is dominant, child maltreatment rarely is the only problem manifested by a maltreating adult. Rather, the norm is a multitude of mental health problems.

Substance Abuse

In the hearings conducted by the Board, the association of child abuse and neglect and substance abuse was one of the concerns mentioned most frequently by those who testified. The extraordinary increase in the number of parents using cocaine and crack who have come to the attention of the child protection system, and the severity of the injuries to children resulting from such use, has caught all parts of the system unprepared.

Given the constellation of impulsive and irresponsible behavior that accompanies high levels of substance abuse, it is not surprising that these substance abusing parents account for a substantial proportion of child maltreatment cases in some states.[22]

In addition to injuries to children, the nation is identifying many babies being born to mothers who were substance abusers during their pregnancy. These include "cocaine babies," babies with fetal alcohol syndrome, and the boarder babies who are abandoned in the hospital at birth. All are a cause of increasing public concern.

In 1989, over 2,400 newborns affected by prenatal exposure to drugs and alcohol were referred to the Los Angeles County Department of Children's Services.[23] In New York City, 7.6 per 1,000 births are addicted infants.[24] Some experts estimate that as many as 375,000 drug-exposed children may be born nationwide each year.[25] If the number is even half of that, it is far too high.

Many of these children are born prematurely or experience some serious withdrawal symptoms. Their health is fragile and their hospital bills can approach $10,000 per week.[26] Many will need special foster care, care that can cost as much as $23,000 per child per year.[27]

Whether from the biological effects of drugs alone, or from the sociological effects of drug abuse on the family, or from both, the risks will continue as these children grow older. Many may need special education through school age.[28] Preliminary studies of preschoolers who were exposed to drugs as infants suggest that these children have physical, mental, emotional, learning, and adjustment problems.[29]

The Presence Of Children With Special Needs

In some cases, the social and personal problems faced by parents and other adults caring for children are intensified by the special challenges that some children present. Although research suggests that maltreatment of children with disabilities is disproportionately common, it is unclear whether the correlation is accounted for largely by the frequency of disabilities caused by maltreatment, or whether it results from the vulnerability of children with disabilities.[30]

Whatever the direction of causality, the fact that a child presents unusual demands makes successful treatment of a maltreating family more difficult. The presence of disabilities also probably renders children more vulnerable to harm.

C. THE RELATIONSHIP OF THE PROBLEM TO CHANGES IN FAMILY AND COMMUNITY LIFE

The increased complexity of child maltreatment is matched by the complexity of recent changes in family and community life. Family life in the United States has changed dramatically in three ways: changes in the economic status of families; changes in family structure; and changes in the range of institutions caring for children.

These dramatic changes are not necessarily a direct cause of child maltreatment. Regardless, they create new challenges for the child protection system.

Economic Status Of Families

The economic status of many American families has undergone substantial change for the worse, so that families caring for young children are now one of the most vulnerable groups in society. The shameful reality is that nearly one-fourth of American children live in poverty.[31] As Senator Daniel Patrick Moynihan has graphically shown, children are for the first time the poorest age group in the United States.[32]

Until recently, American history has been a chronicle of steadily greater social welfare and economic status. However, median family income plateaued in the 1970's and actually dropped in the early 1980's, although it has begun to rise erratically.[33] The result has been that economic strain has been common in recent years even for married couple families. For single-parent families, the situation typically has been much worse. Although the median income of all married couple families was $35,423 in 1987, the comparable figure for families headed by a single mother was $9,838.[34]

The difficulties experienced by contemporary American families have been especially acute for ethnic minorities. Nearly forty percent of all Hispanic children and 45 percent of all Afro-American children live in poverty.[35] As the authors of a recent government publication acknowledged, a "painful disparity continues between the welfare of white youths and the welfare of those of other races .... All too often in matters relating to family arrangements, economic conditions, school attendance, and other measures, we see troubling gaps among the races."[36]

Perhaps the most dramatic and troubling evidence of this racial disparity lies in the infant mortality rate. Progress in reducing infant mortality has slowed dramatically, and the racial disparity is widening. Afro-American infants die at twice the rate of white infants. In 1986, infant mortality in the United States was so severe that 17 other industrialized nations had lower rates. If Afro-Americans were considered separately, their infant mortality rate would rank 28th in the world, behind a number of third-world countries.[37] Reflective of the increasing numbers of poor families, especially among racial minorities, the proportion of pregnant women receiving early prenatal care dropped continuously in the 1980's.[38]

Family Structure

Family structure has undergone marked change in recent years. The annual number of divorces in the United States tripled between 1960 and 1980, to the point that half of all marriages now end in divorce, with the majority involving children.[39] The birth rate among unmarried women has more than doubled since 1950.[40] The proportion of children in married couple families decreased from 85.2 percent in 1970 to 72.7 percent in 1988, with the majority of Afro-American children now living with single parents.[41]

The related phenomenon of blended families has created much stress for all involved, bringing parents into an authoritative relationship with "new" children with no natural infant bonding "glue" to help hold them together. As an extreme example of this phenomenon, the presence of a stepfather in a home increases a child's risk of sexual abuse.[42]

Similarly, the absence of supportive extended family increases the stress that families experience and the kinds of supports available to them. It also decreases the monitoring by the family itself of potentially abusive and neglectful behaviors.[43]

At the same time, changes in the overall birth rate and life expectancies contribute to less attention being given to issues related to children. In 1985, children constituted 26 percent of the American population, a marked decline from 36 percent in 1960.[44] The proportion of families with children dropped from 45.4 percent in 1970 to 35.6 percent in 1987.[45]

Meanwhile, the status of youth itself has been changing. Young people have seen an increasingly bleak economic outlook for themselves, with the result that late adolescent and young adult children are increasingly living at home.[46]

Care Of Children

Reflective of the changes in both family economy and family structure, the range of institutions caring for children has become more numerous and diverse. For example, more children than ever before are living away from their biological family.[47]

The entry of women into the work force has resulted in new demands for child care. The majority, even of mothers of children under age one, now work outside the home.[48] In many instances, parents have been forced to develop ad hoc and sometimes unsafe or unstable arrangements for child care because of the shortage of affordable, quality preschool, day care, and afterschool care.[49] In spite of these deficiencies in child care, it should be noted that the rate of documented child maltreatment in day care centers is substantially less than that in families.[50]

D. THE NATURE OF THE CHILD PROTECTION SYSTEM

Up to this point in the report, the Board has described how the nation is faced with a huge increase in the number of cases of suspected and substantiated child maltreatment. The report has also noted that this challenge has been rendered more difficult by not only the complexity of the problem itself but also the complexity and instability of the social situation in which it is found.

The report now turns to the formal societal response to child maltreatment. That response constitutes the child protection system, of which child protective services (CPS) agencies are a part.

The term **"child protection system,"** as it is used in this report, refers to the **entire public system** that serves children, and the families of such children, in cases where: (a) a risk of child maltreatment exists; (b) maltreatment has been reported; and (c) maltreatment has been found to exist. It comprises a number of components, each of which provides some sort of protection to children and families. These components include the law enforcement, social services, education, public health, mental health, and court systems. While many agencies in these systems have been invested with various legal roles in the protection of children, only one set of State or County agencies has been **mandated by law** to carry out a comprehensive set of responsibilities related to abused and neglected children. These State of County agencies are referred to in this report as **"child protective services" or "CPS."**.

It should come as no surprise that the many elements of the child protection system increase the complexity of the problem. Families in which maltreatment is suspected or is known to have occurred find themselves the objects of action (or inaction) by numerous public agencies that often are poorly coordinated and may have conflicting purposes.

This point can be best understood through a composite case example. Although not all cases involve injuries as severe as those in the following example, the facts presented herein illustrate how the child protection system frequently works.

> J. is a 2 year-old boy who is brought to a hospital at 4:00 p.m. complaining of severe abdominal pain. His mother says that he was fine when she left for work at noon, but that at 3 p.m. she received a call from her babysitter (also her boyfriend), saying, "Something's wrong with J." She gives no history of trauma.
>
> J. is examined, found to have abdominal bleeding, and rushed to the operating room, where multiple injuries to his stomach, liver, bowel, and kidneys are diagnosed. Many bruises of different ages are found on his body. The surgeon suspects that J. has been abused and calls the local CPS hotline.
>
> The CPS caseworker, who has two months experience, comes to the hospital to investigate. The mother says that she does not know what happened but that J. has been bruising easily. The boyfriend says that J. fell from his bunkbed onto a toy. No one else was home at the time.

This story is not unique. Instead of a young child with an abdominal injury, it could have been an infant in a coma from a brain hemorrhage, a 5-year-old who told her mother that she had been molested, or a 4-month-old who had gained only 1-1/2 pounds since birth.

While procedures will vary among local jurisdictions, each of the following may need to occur if the CPS caseworker seeks to protect J.:

1. The surgeon must be willing to state (and perhaps testify) that a fall from a bunkbed onto a toy would not cause the injuries that he saw, and that they were most likely the result of a beating.

2. The mother must be interviewed privately to assess her possible involvement in the abuse and her willingness to protect her child from further harm; she must acknowledge that her child is not safe with her boyfriend.

3. If the mother cannot protect J., or if she instead protects her boyfriend, then the CPS caseworker may have to call the police for a detention order or a judge for a protective or emergency custody order.

4. A juvenile court petition must be filed and a temporary custody hearing must be held within 24-72 hours.

5. The CPS caseworker must brief the attorney who will present the case for the State or County in juvenile court.

6. If the judge awards temporary custody to the State or County, placement with a relative or in foster care must be arranged.

7. Meanwhile, law enforcement is likely to begin an investigation that may lead to criminal charges.

8. A prosecutor will consider the filing of criminal charges.

9. A juvenile court adjudicatory hearing will be held, at which the juvenile court judge will determine whether abuse has occurred.

10. Psychological and social evaluations of the child, mother, and boyfriend are likely to be ordered by the juvenile court in order to develop a treatment plan as part of the disposition of the civil child abuse proceeding.

11. The CPS caseworker will compile all relevant medical, social, and psychological data for presentation to the court.

12. At the juvenile court dispositional hearing, the juvenile court judge will order a treatment plan that might include parenting classes for J.'s mother and her boyfriend (unless he is arrested), individual counseling for the mother and her boyfriend, a therapeutic nursery program for J., and supervised visitation between the mother and her child.

13. An attorney, court-appointed special advocate (CASA), or guardian ad litem may be appointed by the court to represent the child and monitor his progress in treatment.

14. If treatment fails, termination of the parent-child relationship may ensue, and an adoption worker will try to place J. in an adoptive home.

15. In the meantime, if the assistant district attorney decides to file criminal charges against the boyfriend, a lengthy process of pretrial hearings, trial, and sentencing may occur.

This example, as presented, is a rather simple one. In reality, it could be much more complex.

1. A large number of other agencies working directly with the family could be involved: the housing authority, a substance abuse agency, a local day care center, a WIC (Supplemental Food Program for Women, Infants, and Children) program, an adult education program, a vocational rehabilitation program.

2. Even agencies that never see the family, such as the Medicaid payment agency, could be involved.

3. The identity of the perpetrator could be unclear and the subject of a multitude of investigatory interviews.

4. The juvenile and criminal courts could be working at cross-purposes. Protection of the child, preservation of the family unit, rehabilitation of the parents, and punishment of the perpetrator are not necessarily compatible.

5. The CPS caseworker who "manages" the child's and family's progress through the maze of steps and agencies may also be handling 25 to 100 other cases at the same time.

6. Several prosecuting and defense attorneys could be involved in the array of legal proceedings.

7. The CPS caseworker may "burn out" and leave her job while the case is in progress.

In reality, it would be very rare for any individual working within the child protection system to be involved throughout the duration of the case. Rarely would there be an individual who provides continuity of care to the child and family for years. Although many states and communities have taken steps to improve coordination, such coordination still is an episodic response to a chronic difficulty.

In short, the child protection system is a complex web of social service, legal, law enforcement, mental health, health, educational, and volunteer agencies. Although CPS is the agency that is mandated by law to provide protection to maltreated children, it is just one part of the network. An assessment of society's response to child abuse and neglect must consider the child protection system as a whole. Unfortunately, such an assessment reveals critical problems throughout the child protection system.

E. THE ROLE OF THE PRIVATE SECTOR IN THE CHILD PROTECTION SYSTEM

While, by definition, the child protection system is a function of government, at all levels of society private sector contributions make it function more effectively. The voluntary, business, and religious communities perform several roles in efforts to prevent and treat child abuse and neglect including:

1. Providing funding for special projects as well as major support of child-serving or social service agencies;

2. Conducting public awareness/media campaigns;

3. Engaging in advocacy/public policy activities to improve the systems serving children and families;

4. Providing technical assistance such as financial, legal, marketing, or program help;

5. Conducting research to highlight areas of need and suggest solutions;

6. Promoting education including seminars in the workplace or conferences on children/family issues; and

7. Encouraging volunteer service.

At the national, state, and local levels, private contributions are diverse, creative, and numerous. Members of the Board are aware of--and in many instances personally involved in--a wide range of effective private sector efforts at all three levels. A list of representative examples of such efforts would be very long. Moreover, such a list would run the risk of offending those many worthy programs that inevitably might be omitted.

The Board decided, therefore, not to include such a list. Its absence is a tribute to how extensive, varied, and important the private sector role is in the protection of children.*

And yet, as impressive as such efforts are, governmental action at all levels remains essential. Private sector programs have neither the specialized personnel nor the financial resources to mitigate the outcomes of a malfunctioning child protection system. The Board believes that the hope engendered by such private sector activities does not begin to balance the despair caused by the crisis of the child protection system.

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* Many national private sector organizations (representing thousands of State and local affiliates as well as individual members) which make significant contributions to the child protection system are members of the National Child Abuse Coalition. A list of the names and addresses of the Coalition member organizations, as well as the principal representatives of those organizations, is contained in Appendix F of Part IV. For further information about the roles played by the private sector, readers may wish to contact members of the Coalition. Readers may also wish to contact local religious institutions, local chambers of commerce, and local affiliates of corporations to determine their activities related to child protection and to suggest greater involvement.

F. THE CRISIS IN THE CHILD PROTECTION SYSTEM

The crisis in the child protection system consists of several elements. All are important but three have an unusually greater impact: the overload of cases; the crisis in foster care; and the absence of a focus on the needs of children.

The Overload Of Cases

As already noted, reported cases of child maltreatment have more than doubled in the past decade. In addition, the cases identified and the societal context in which they occur have become more complex.

The child protection system has not expanded to meet the challenges posed by these changes. The huge increase in cases has not only affected the CPS agencies charged with investigating cases. It also has had significant effects on the law enforcement agencies, juvenile and criminal courts, prosecutor offices, public defender offices, and mental health agencies involved with investigating, adjudicating, or treating maltreated children and their families. For example, there has been a dramatic increase in the rate of child maltreatment cases processed by the courts, both civil and criminal.[51]

The greatest impact of the changes, however, has been on CPS agencies. Not only have they had to cope with enormous increases in intrafamilial cases, they also have been given responsibility for several new categories of child maltreatment: child pornography, the withholding of medical treatment from disabled infants with life-threatening conditions, and the sexual abuse of children in out-of-home settings. In both quantity and content, the work of CPS has become much harder. However, CPS agencies have not been given the resources necessary to cope with the increased responsibilities and the ever-growing number of reports.[52]

A reflection of the fact that CPS lacks the capacity to respond to the huge increase in cases is that, in many communities, timely investigation of reports of suspected child maltreatment does not occur. A recent survey of State administrators showed that approximately one-third of State CPS agencies do not routinely investigate reports within 24 or 48 hours, as required by law.[53] In New York City, in 11 percent of cases no home visit had occurred within 40 days after reports were filed; in the same period of time, children had not been examined in 22 percent of the cases, and alleged perpetrators had not been interviewed in 17 percent.[54] The potential compromise in the safety of children is obvious.

The lack of timeliness in investigation has a particularly insidious impact on the large number of reported cases in which child maltreatment is not substantiable.[55] Being under suspicion can harm families that may already have been under stress by leaving them in limbo and unnecessarily increasing the amount of governmental intrusion that they experience.

Even in those cases in which maltreatment ultimately is substantiated, being the subject of an unresolved investigation creates and sustains uncertainty about the future. Such uncertainty often heightens the anxiety of parents and children, and causes children to "mark time" in their development.[56] Thus, failure to investigate in a timely fashion not only fails to protect children, but it also potentially subjects them and their families to additional harm.

Failure to conduct timely investigations and then to provide services when imminent risk is determined or a postadjudication treatment plan is developed also has serious repercussions. Professionals who serve children and families often fail to report suspected cases of child maltreatment because they have no confidence in the capacity of CPS to respond appropriately.[57] Such behavior is based on the belief that a report is likely to create more harm than good. Presumably, some children who need protection are deprived of it as a result.

Within each State, not only the integrity of CPS, but that of the entire system of services to children and families (i.e., the child welfare system) has been threatened by the enormous increase in the number of reports without a commensurate increase in resources. In addition to CPS, that larger system includes services related to adoption, foster care, residential care, and other services needed by troubled children and their families.

In many States, the child welfare system has been overwhelmed by the demands of CPS investigations. Even though the resources allocated to investigation often have been inadequate, the legal and ethical necessity of determining the level of danger when reports have been received has meant that investigations have taken an increasingly greater proportion of many public children and family services agency budgets.[58] Therefore, the treatment functions of CPS are subject to being overtaken by quasi-police functions. Such a phenomenon may actually heighten the risks to families when those risks are considered in the aggregate.

The Crisis In Foster Care

Respect for family integrity is a value deeply rooted within American culture and the nation's legal system. Moreover, out-of-home care is very expensive,[59] and intensive home-based services have been shown to be effective in preventing out-of-home placement in many circumstances.[60] Nonetheless, such home-based services still are available for only a relatively few families.[61] As a result, the increase in the frequency of reported and substantiated cases of child maltreatment has been paralleled by an enormous increase in the frequency of State-compelled separation of children from their biological parents. By the end of 1988, 340,000 children lived in 125,000 foster homes.[62] In 1989, it was predicted that this figure would rise dramatically, with no increase and probably a decrease in the number of foster homes.[63] The number of children entering various forms of group care also has continued to rise at a rapid pace.[64]

In parallel with the child protection system as a whole, the foster care system also is seeing not only a huge increase in the number of children entering it but increasing complexity of the problems that these children bring. The population in foster care is increasingly older and more disturbed.[65] Many of these children manifest behavioral problems that result from sexual victimization and, also, substance abuse.

Moreover, in some parts of the country, a significant number of children are kept in expensive hospital care because of a lack of adequate foster placements for their special needs. These "boarder babies" may be HIV-infected or "drug babies" whose parents are addicted.[66] Such children not only have biological parents who may present difficult challenges for foster parents and others who work with them, but the children themselves also have special health needs, and their development is often delayed.

Despite the heroic efforts of many foster parents, the foster care system is in crisis. In simple numbers, the system has been stretched well beyond its capacity.

Moreover, foster parents often have not been given the support that they need (e.g., professional consultation; respite care) to care for the difficult youngsters whom they have accepted into their families. Sometimes foster parents are even barred from receiving services that are available to biological parents to assist them in caring for children with special needs.[67] One result is that children in foster care still have valid fears about being uprooted repeatedly in moves from home to home.[68]

The Absence Of A Focus On The Needs of Children

The process by which many foster placements occur illuminates another disturbing fact: despite the duty to act in children's best interests, the child protection system lacks a focus on the needs of children. In some States, children often do not know the name of their CPS caseworker, whom they rarely see.[69] Such children are frequently not involved in decisions about their future, despite evidence that such involvement increases the success of foster placements.[70] Moreover, the desire to punish perpetrators sometimes is pursued even when in conflict with the interests and emotional needs of child victims.[71]

It is a national tragedy that most maltreated children, even after they have been identified as such by public authorities, do not receive treatment. They even fail to receive treatment after they have been placed in the custody of the State or County.[72] Many maltreated children even fail to receive minimal counseling or support services.

Often, when treatment does occur, it is "packaged" without careful attention to the particular needs of children and their families.[73] Frequently, treatment for a maltreated child is determined not by what is needed, but rather by what is available locally.

Other Deficiencies

As serious as the preceding aspects of the crisis are, they do not constitute the full extent of the deficiencies within the child protection system. Other deficiencies include: an inadequate knowledge base; the inadequate application of knowledge; and major shortcomings in the status, recruitment, training, supervision, and caseloads of CPS caseworkers. The background to each of these deficiencies is presented in connection with specific recommendations aimed at their remediation, which are set forth in Part III of this report.

G. THE RELATIONSHIP OF GOVERNMENT TO THE CRISIS

The response of the Federal Government to child abuse and neglect in recent years dates from the early 1960's. Prompted by the work of Dr. C. Henry Kempe and his colleagues, the U.S. Children's Bureau developed model State reporting statutes designed to facilitate the reporting of suspected child abuse and neglect. By 1967, every State had enacted a child abuse and neglect mandatory reporting law.

In 1974, the U.S. Congress passed landmark legislation: the Child Abuse Prevention and Treatment Act (Public Law 93-247) which established a National Center on Child Abuse and Neglect (NCCAN) as the focal point within the Federal Government for this issue and underscored the Government's commitment to provide funding and technical assistance for child abuse and neglect services to State and local governments. In 1980, a new Federal Adoption Assistance and Child Welfare Act (Public Law 96-272) tied Federal funding for State child welfare and foster care programs to a requirement of "reasonable efforts" to prevent placements and to reunify families in which placement had occurred. In 1978 and 1984, the U.S. Congress expanded the responsibilities of NCCAN, adding new provisions which enlarged those aspects of child maltreatment that the agency was required to address.

Today, most public officials at all levels are genuinely concerned about the plight of abused and neglected children and their families. They are horrified by the cases they hear about, they want to help, and they are anxious to make changes.

Unfortunately, they are now faced with a crisis of unprecedented proportions in the child protection system. In retrospect, it is clear that government at all levels failed to anticipate that crisis. Sadly, it could have been foreseen.

As reports of child maltreatment began to climb throughout the 1970's and to skyrocket in the 1980's, public officials across the nation missed the opportunity to make fundamental changes in the structure of the child protection system. Instead, the governmental response to increased reporting was and continues to be fragmented, often simplistic, ill-conceived, and crisis oriented. Response to abused and neglected children and their families at all levels of government has too often been symbolic and driven by political expediency.

One reason for the inadequacy of the governmental response is that legislative bodies at all levels have tended to focus on narrow issues raised by the many diverse critics of the child protection system. Such critics have included: (1) professionals who work within that system; (2) citizen advocacy groups concerned with child abuse and neglect; and (3) parents who have experienced what they regard as unwarranted CPS intrusion into their lives. Although their issues have been important, they have frequently caused legislators to design piecemeal--as distinguished from comprehensive--solutions.

To say that the governmental response to date has not adequately served the interests of society in protecting its children from abuse and neglect is not to say that government at all levels has done nothing. To the contrary, government has done much.

Those actions, however, are dwarfed by the magnitude and complexity of the child protection crisis. Throughout the nation, resources remain insufficient to reduce child abuse and neglect significantly. There are not enough staff, funds, training programs, services to special populations, or prevention and treatment services to make a serious reduction of child abuse and neglect a reality.

H. A PROPOSED PROGRAM OF REFORM

Beginning in the 1970's--but certainly no later than the early 1980's--it might have been possible to design and implement a new strategy for protecting children with relatively little difficulty. Now, however, because of the towering crisis currently faced by the child protection system, the barriers to its fundamental restructuring are immense. Crisis remediation must precede the implementation of a new strategy.

America must and can begin now to establish a caring community for those of its children who are vulnerable to abuse and neglect. In Part III of this report the Board lays out a concrete proposed program of reform to accomplish that objective.

III. RECOMMENDATIONS FOR CHANGE

Part III presents the Board's recommendations. They are organized into eight areas:

A. Recognizing The National Emergency
B. Providing Leadership
C. Coordinating Efforts
D. Generating Knowledge
E. Diffusing Knowledge
F. Increasing Human Resources
G. Providing And Improving Programs
H. Planning For The Future

Each recommendation, preceded by explanatory findings, follows. The text of the recommendations, unaccompanied by findings, can be found in Appendix G of Part IV.

A. RECOGNIZING THE NATIONAL EMERGENCY

Accepting Responsibility: Each Citizen

Today, in all parts of America, large numbers of children are regularly and severely mistreated in and out of their homes by members of their families. Although the nation does not know precisely how many incidents of child abuse and neglect take place during a year, from the evidence which does exist the nation does know that: (a) the number is very, very large; (b) the incidence is widespread throughout all reaches of American society; (c) the maltreatment of children has persisted for a very long time; (d) the nation's efforts to treat child victims have been woefully inadequate; and (e) the nation is not doing what it could do to prevent child maltreatment in America.

Hearing of the abuse or severe neglect of a child, people generally react by assuming that the circumstances are extraordinary, that the adults involved are monsters, that these kinds of aberrant behaviors do not, and could not, exist in their neighborhoods. In any event, most people assume that society is well-equipped to handle the situation. Sadly, all such assumptions are wrong.

The nation has considerable difficulty even acknowledging that some children are maltreated at all, let alone that significant numbers of children are insufficiently protected against victimization. Yet if the nation is ever to remove this stain on society, such efforts must begin by recognizing the emergency for what it is.

As disturbing as the phenomenon of America's children being seriously harmed is, that alone is only part of the emergency. What the Board believes to be a greater emergency now is that the nation's system for dealing with the phenomenon is **overwhelmed**, that it is on the verge of **collapse**, and that, if and when it does, children will be even more seriously at risk than they are now, thus causing countless additional American children to suffer irreparable harm.

In a 1989 decision by the U.S. Supreme Court, DeShaney v. Winnebago County Department of Social Services, Chief Justice Rehnquist referred to the case of a boy, Joshua DeShaney, who was beaten and permanently injured by his father as "undeniably tragic."[1] In that case, a majority of the Court held that the State "had no constitutional duty to protect" the boy.[2] Yet, the Court was critical of a child protection system that "stood by and did nothing when suspicious circumstances dictated a more active role for them."[3]

The DeShaney case stands as a symbol of how the malfunctioning of the system can undermine the nation's efforts to protect children from maltreatment. What each American needs to understand is that he or she is personally responsible for preventing harm to all the Joshua DeShaneys of the nation.

The Board believes that addressing the emergency **begins** with all elements of American society acknowledging their shared responsibility for allowing the emergency to develop and continue. That must then be followed by acceptance of responsibility for remedying the emergency.

RECOMMENDATION #1:

> ***The Board urges each citizen to recognize that a serious emergency related to the maltreatment of children exists within American society and to join with all other citizens in resolving that its continued existence is intolerable.***

Accepting Responsibility: Each Elected Public Official

Throughout the nation, at all levels of government, thousands of civil servants labor valiantly to curb the maltreatment of children. Without their efforts, the situation of children-at-risk would be far worse.

Those efforts, however, are increasingly being undercut by public child protection programs that have inadequate budgets, shrinking staffs, expanding caseloads, insufficient coordination, and uncertain leadership. Much more needs to be done to repair the nation's system for the protection of children. This Board believes that more can be done now.

RECOMMENDATION #2:

> ***The Board urges each citizen to demand that his or her elected officials at all levels publicly acknowledge that the American child protection emergency exists, and, having so acknowledged this emergency, take whatever steps are necessary–including the identification of new revenue sources--to rehabilitate the nation's child protection system.***

Understanding The Relationship Between Child Maltreatment And Other Social Problems

No society can safely ignore its communities and neighborhoods, for these constitute the environment which will mold its children in their growth toward adulthood. Research indicates that the quality of life in neighborhoods plays a significant role in determining the incidence of child abuse and neglect.[4] A society with dysfunctional neighborhoods and communities is a society in serious trouble.

Today, far too many neighborhoods have become dysfunctional, unable to provide even the basic necessities of food, clothing, shelter, and employment for large numbers of their residents--let alone amenities that most Americans take for granted, such as adequate health care, adequate education, and opportunities for recreation and personal development in legitimate and constructive activities. In these communities, CPS agencies have become overwhelmed by families with serious problems; too many children need help and there are not enough resources to provide it.

The welfare and safety of children is every bit as critical to the survival of the American way of life as the national defense. From this perspective, the effects of societal neglect of low income, vulnerable children and their families--particularly through inadequate efforts to reduce crime and drug abuse--have already done more damage to society than any war in which America has been engaged in this century. The link between child maltreatment and crime has been established.[5] Many American citizens have in fact lost the freedom to walk safely in their own communities--a loss no foreign adversary has ever caused us to suffer.

RECOMMENDATION #3:

The Board urges the U.S. Congress, State legislatures, and local legislative bodies to view the prevention of child abuse and neglect as a matter of national security and, as such, to increase their support for basic necessities, such as housing, child care, education, and prenatal care for low income families including the working poor, the absence of which has been linked to child abuse and neglect.

B. PROVIDING LEADERSHIP

Guiding The Nation: The President

Theodore Roosevelt was the first American President to become actively involved in the struggle to protect the nation's children. Since the early part of this century, the arsenal of weapons available to the Federal Government to use in that struggle has constantly expanded.

Since child abuse and neglect emerged as an issue in the early 1960's, no American President has exerted visible leadership on this issue. This, in part, has contributed to the current emergency in child abuse and neglect.

Visible Presidential leadership can make a significant difference in the resolution of major social problems. On issues of great social importance, Presidents have spoken directly to the nation and have convened special national meetings. Recent examples include the televised presentation by President Bush on the National Drug Control Strategy and his educational summit with the nation's Governors.

President Bush could address the nation, declaring the present crisis in child abuse and neglect to be a national emergency, and calling for a national commitment to respond to it. The President could also convene a summit conference of the Governors to begin planning State initiatives on child abuse and neglect and to provide recommendations to the President and the U.S. Congress on Federal actions that would assist the States in their efforts to respond to the national emergency.

RECOMMENDATION #4:

> *The Board urges the President to become the visible and effective leader of a renewed Federal effort to prevent the maltreatment of American children and to help the nation better serve those children who have been abused and neglected.*

Guiding The States: The Governors

Most child abuse and neglect policies and programs are designed, as well as supervised or operated, at the State level. For change to occur in the nation's efforts to protect children, State action is required. Such change should not be delayed while waiting for Federal action to improve services to abused and neglected children and their families. Governors can provide necessary leadership. Governors can address their States, declaring that the imminent crisis related to child abuse and neglect is a State emergency. They can call for a Statewide commitment to respond to it. Governors can convene public and private sector leaders and can mobilize State resources to combat the emergency. Governors can also share with each other information about successful efforts related to child maltreatment.

RECOMMENDATION #5:

> *The Board urges each Governor to become the visible and effective leader of a renewed State effort to prevent the maltreatment of children and to assure that child victims of abuse and neglect receive appropriate services.*

Guiding Localities: The County Executives And Mayors

Most child abuse and neglect prevention and treatment services are delivered at the local level. For the protection of children to improve, local actions are required. Such improvements must not wait for the Federal Government or for State governments to take action on behalf of abused and neglected children and their families. Mayors and County Executives can provide the leadership for improving the delivery of services. Mayors and County Executives can focus on abused and neglected children and their families as a priority. Mayors and County Executives can mobilize public and private resources within their areas to address the emergency. Mayors and County Executives can also share with each other information about successful efforts related to child maltreatment.

RECOMMENDATION #6:

> *The Board urges each Mayor and County Executive to become personally involved in improving the delivery of services related to the prevention and treatment of child abuse and neglect.*

Funding Child Protection: Legislators At All Levels

The child protection system has simply never been a legislative priority. Accordingly, legislators at all levels have failed to provide sufficient funding for child abuse and neglect prevention, identification, and treatment efforts. When social programs have been targeted by legislative bodies at all levels of government in their effort both to balance budgets and reduce tax burdens,[6] child abuse and neglect programs have not been exempted.

The primary sources of Federal funds for direct services to abused and neglected children and their families are three non-categorical programs: Titles IV-B, IV-E and XX of the Social Security Act. Between 1981 and 1985, the amounts available to the States under these programs (measured in constant dollars) declined significantly.[7] Increases since that time have left the programs well below the 1981 levels, after accounting for inflation.[8] During the same period, there was a dramatic increase in the volume and complexity of cases which the child protection system was legally obligated to address.[9]

Even when the total number of child maltreatment reports is adjusted to reflect only those cases that are substantiated following an investigation, the disparity between Federal appropriations and the rise in the child protection system caseload is enormous.[10] Intensifying the disparity is the expansion of the categories of child maltreatment--such as sexual abuse--confronting the child protection system.

Further, while the U.S. Congress has consistently authorized substantial sums for categorical child abuse and neglect activities, it has not appropriated funds at the levels authorized. For 1988, for example, the U.S. Congress authorized $48 million under the Child Abuse Prevention and Treatment Act but just $25.3 million was appropriated.[11] More recently, under H.R. 3614, the U.S. Congress authorized $40 million in grants to states for emergency child protection services to children whose parents are substance abusers. The measure was not included in any of the Fiscal Year 1989 appropriations bills.

Funding for child abuse and neglect at the Federal level has been insufficient to enable the National Center on Child Abuse and Neglect (NCCAN) to adequately meet its responsibilities to support State prevention and treatment programs, and to fund research, demonstration, and training programs. In 1974, the budget for NCCAN was $4.5 million.[12] In 1988 dollars, that is just under $11 million.[13] In 1988, the budget for NCCAN was just under $32 million, including funds transferred from the Department of Justice.[14]

Moving beyond the Federal level, the picture is no brighter for State and local resources. In 29 of the 31 states reporting such information, reports of child abuse and neglect increased faster than available Federal, State and local resources from 1981-85.[15] Many of the states that had the greatest shortfalls in constant dollars during this period were states with the greatest increase in reports. In Maryland, for example, reporting increased 65.7 percent while funding decreased 33.2 percent. In South Dakota reports increased 82.3 percent and funds decreased 37.2 percent. In Mississippi reports increased 136.7 percent and funding decreased 15.9 percent.[16]

The U.S. Congress has made clear its willingness to honor commitments in other areas. The current savings and loan crisis, which in total will cost Americans hundreds of billions of dollars, is a prime example. Surely, providing adequate funding for the protection of children from abuse and neglect constitutes the fulfillment of a commitment equal in importance to the nation's future as rescuing its banking system.

RECOMMENDATION #7:

> ***The Board urges legislative bodies at all levels to join with the President, Governors, and County Executives and Mayors in a renewed national commitment to child protection by providing the funds necessary to prevent and treat child abuse and neglect.***

Building Knowledge: Scientists And Professionals

Scientific societies and professional organizations are especially influential in the formation and review of child and family policy. As such, they are able to lead the development and diffusion of relevant knowledge.

Some national professional organizations have begun to respond to the major needs for knowledge about child maltreatment, training for their members, and education of the public. For example, the American Academy of Pediatrics now has a section on child abuse with 170 members. The American Bar Association has for over a decade supported a staffed program addressing child maltreatment legal concerns. The American Psychological Association (APA) and the Society for Research in Child Development have monitored Federal programs for research on child maltreatment. The APA and the American Professional Society on the Abuse of Children have recently filed amicus curiae briefs informing the Supreme Court about research on child witnesses. Despite these important examples, very few scientific societies or professional organizations have responded to the problem of child maltreatment or the crisis in the child protection system at a level commensurate with the seriousness of the national emergency. Scientific societies have been remiss in stimulating and synthesizing needed research. Professional organizations typically have been slow in providing guidance to their members on the complex issues involved with practice related to child maltreatment. Moreover, they generally have failed to encourage their members' active involvement with the problem.

RECOMMENDATION #8:

> ***The Board urges national scientific societies and professional associations to undertake major initiatives to stimulate the development of knowledge about child abuse and neglect and the improvement of the child protection system and to diffuse such knowledge to their members, policymakers, and the general public.***

C. COORDINATING EFFORTS

Eliminating Barriers To Coordination

At the Federal level, 31 programs are significantly involved in some aspect(s) of the Federal effort on child maltreatment.[17] The Federal experience is mirrored, indeed amplified, within State and local governments.

The reality for much of the country is that agencies responsible for responding to reported child maltreatment cases often have not worked well together, have not shared information needed to protect children, and have failed to develop interagency agreements to ensure that case coordination occurs. The need for inter-agency planning and coordination is likely to become more important in the future if the present trends continue toward: (a) increasing criminal prosecution and other legal action in child abuse cases; (b) greater numbers of cases involving multiple victims in settings like day care centers; and (c) increased numbers of abused or neglected babies, including those damaged by prenatal chemical abuse.

The coordination of services to abused children and their families is a difficult, but achievable task. In general, the smaller the unit of service, the better the level of coordination. Multidisciplinary teams, for example, have effectively functioned for decades in many places in the assessment and treatment of individual cases.[18] In some areas of the country, County or State coordinating councils have been successfully developed to share information and reduce barriers to effective service delivery to children and families.[19] Much attention is also being given to the inter-agency approach to investigation and intervention in child maltreatment cases.[20]

Federal and State funding has provided inadequate incentives to improve coordination or eliminate roadblocks to effective interagency cooperation. Much can be done at both the Federal and State levels to improve the coordination of existing agency efforts on behalf of abused and neglected children.

The Board notes that the U.S. Inter-Agency Task Force on Child Abuse and Neglect, which was established under the 1988 Amendments to the Child Abuse Prevention and Treatment Act, is examining the issue of inter-agency coordination at the Federal level. The Task Force could serve as the mechanism through which Federal and State barriers to local coordination are identified and removed.

RECOMMENDATION #9:

> ***The Secretary of Health and Human Services, in conjunction with his counterparts within the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should identify and eliminate barriers which stand in the way of providing coordinated community services related to the protection of children.***

Coordinating Child Maltreatment Programs With Substance Abuse Control Efforts

The President has proposed and is implementing a strategy to address the national drug abuse problem. Many programs have begun to address the health, mental health, child welfare and legal ramifications of substance abuse by parents and its link to child abuse and neglect.

The recognition of the link between child abuse and substance abuse is relatively recent. What appears to be the dramatic increase in the use of crack-cocaine has put families and children at risk. A review of over 18,000 child abuse court orders in the Los Angeles County Juvenile Dependency Court in 1989 revealed that substance abuse was a significant factor in at least 90 percent of the cases.[21] A 1989 survey of child abuse reports in Washington, D.C., revealed that substance abuse by parents was involved in about 80 percent of the cases.[22]

While there are examples of programs that are touted as being effective in individual populations or communities,[23] no consensus exists on what should be done about the problem of drug-exposed infants. Some organizations have defined the issue as clearly relevant to child maltreatment and suggested that there must be CPS and/or law enforcement involvement. Others have framed this debate as a maternal rights issue and suggested that neither CPS nor law enforcement has a role to play.[24]

At present the child protection system simply does not have adequate resources to protect drug-affected children from harm. There are neither enough CPS workers to investigate, nor enough foster parents willing and able to care for these children. Many CPS workers now facing this problem express an almost desperate need for training and support.

The truth is that the problem is so new that experts are still not sure what to do about it. In a setting of many opinions and little reliable information on which to base policy, children are particularly vulnerable.

Implicit in the following recommendation is the need for the generation and diffusion of knowledge and the evaluation of pilot programs before their endorsement or propagation. Implicit also is the knowledge that coordination between substance abuse specialists, child protection professionals, and public health and legal experts is vital to developing sound public policies in this area.

RECOMMENDATION #10:

> *The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Director of the Office of National Drug Control Policy in the White House should take steps to assure that all relevant aspects of the national effort to control substance abuse are coordinated with efforts to prevent and treat child abuse and neglect. These steps should begin immediately and should be made apparent to the public. All steps taken at the national level should be coordinated with relevant State and local "front-line" programs.*

Preventing Child Maltreatment Fatalities

Few news stories are as compelling to the public as a report of a child abuse or neglect related death. Annual estimates of the number of children who die as a result of maltreatment range from 1,200-5,000.[25] Most of these deaths occur before the child's fifth birthday and over half are to infants under one year of age.[26] Many of these children and their families are already known to the child protection system.[27]

Whether a child maltreatment fatality is within the family, or in an institutional or day care setting, important lessons for Federal, State, and local policymakers and executives can often be learned by reviewing cases and collecting case related data across agency lines. These lessons are often applicable not only to child fatality issues, but also to the entire child protection system and its efforts to identify, treat, and prevent all cases of physical abuse and neglect.

In an effort to design effective child death prevention and intervention programs, many communities or States have instituted child fatality review committees.[28] These multidisciplinary entities have the potential to cut across bureaucratic and categorical boundaries and identify improved ways to prevent child abuse and neglect deaths.

In 1988 the U.S. Congress created the National Commission on Child and Youth Deaths to study child fatalities which are intentionally caused or which occur due to negligence, neglect, or a failure to exercise proper care. By mid-1990, the Commission had yet to meet, and it had not received an appropriation.

RECOMMENDATION #11:

> *The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should undertake joint efforts to address the issue of fatal child abuse and neglect caused by family members and other caretakers. These efforts should include the identification and vigorous dissemination to State and local governments of models for: (a) prevention of serious and fatal child abuse and neglect; (b) multidisciplinary child death case review; and (c) identification and response to child abuse and neglect fatalities by the social services, public health, and criminal justice systems.*

D. GENERATING KNOWLEDGE

Collecting Adequate Data

Good policy begins with good facts. No agency of government can make informed decisions on how it should allocate resources to deal with a problem without knowing the magnitude of the problem and the trends concerning its incidence. The Department of Agriculture, for example, could not decide how much wheat to export if it lacked data on production or surpluses. Without accurate information on population growth, to cite another example, a local government could not plan for such services as fire and police protection.

Despite a range of Federal data gathering and analysis activities, the nation still has no adequate picture of the full scope and impact of child abuse and neglect in America. The question about child abuse and neglect most frequently asked by both the public and public officials is: "Is it getting worse or are we merely recognizing it more?" Public policy formation and implementation also requires answers to other questions such as: What are the outcomes of reported child abuse and neglect cases? What happens to those cases that go to court? Are the parents and children in these cases receiving needed services? There is no way to answer these kinds of questions without adequate data.

The Child Abuse Prevention and Treatment Act, as originally enacted in 1974, mandated that the Federal Government "make a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity." Over the last 15 years NCCAN has carried out this mandate by awarding several contracts to non-government organizations.

A first set of contracts went to the American Humane Association (AHA). As a result of these contracts most States voluntarily submitted data to AHA from 1976 to 1986. The AHA published a series of detailed annual reports on their analysis of reported cases of child abuse and neglect.[29]
Recently, a new contract was awarded to devise yet another methodology for collecting data.[30] A proposed data collection system based on this methodology has not yet been promulgated. The earliest that this system will be implemented is 1991.

When implemented, the proposed data collection system will leave uncollected for the period of at least 1986 through 1990 any official national information relating to abuse and neglect. Such a gap is especially troubling because child maltreatment data have historically varied dramatically from year to year.

During the 1980's NCCAN awarded contracts to Westat, Inc., to conduct two large-scale "incidence studies."[31] Although the results of these studies have been widely cited, critics have expressed considerable concern that, given the difficulties in methodology employed in conducting such studies, the true incidence of child maltreatment in America is still unknown.[32]

Serious difficulties also exist with respect to the collection of uniform national data about child maltreatment-related arrests, convictions, and judicial dispositions. Agencies within the U S. Department of Justice that conduct data collection such as the F.B.I. and the Bureau of Justice Statistics have failed to provide for the systematic collection of this critically needed information. The crime and court data collection efforts of the U.S. Department of Justice also should focus on providing uniform information on arrests made and judicial dispositions in child abuse and neglect criminal and civil proceedings.

Clearly, a more systematic, inter-agency data collection effort is required within the Federal Government. That effort also should be much more comprehensive.

Historically, the Department of Health and Human Services has tended to view child maltreatment as primarily within the domain of social services. The Board believes that such a view is too narrow, negating its public health, mental health, and legal/judicial dimensions. In implementing a new Federal data collection system, cooperating agencies should assure that all of the dimensions of the problem are reflected.

RECOMMENDATION #12:

> *The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take whatever steps are necessary to establish a Federal data collection system that provides a comprehensive national picture of child maltreatment and the response to it by the several governments of the United States. This new system should insure: accurate, annual, uninterrupted, consistent, and timely data collection; mandatory participation from the States; and a focus on actual incidence, reported incidence, and the operation and effectiveness of all aspects of the child protection system. This new system should be designed and implemented either by the Bureau of the Census or the Centers for Disease Control, working in collaboration with leading experts on child maltreatment.*

Learning More About Child Maltreatment

America knows more about child abuse and neglect today than any society in history has ever known. What began as isolated case reports in the medical, social work, and mental health literature has now burgeoned into an active research community in many disciplines. There are now two peer-reviewed multidisciplinary journals publishing nearly 100 papers a year in addition to dozens appearing in discipline-specific journals.

The impact of two decades of public and private funded demonstration projects has been the development of many effective child maltreatment recognition, treatment, and prevention programs. There are now studies to indicate that the physical abuse of infants is preventable with the use of lay or public health nurse home visitors,[33] and that efforts to provide intensive multidisciplinary treatment to families,[34] parenting classes for adolescents and abusive parents, and self-help groups have been effective in many communities as part of an integrated treatment program for abused children and their families.[35]

Yet, in spite of considerable Federal and private sector funding of knowledge-building activities, there are significant gaps in the nation's knowledge base. Little information exists on any biological or genetic factors underlying physical or sexual abuse of children, the reasons for recidivism, and the long-term impact of abuse and neglect on children.[36]

Moreover, much research is not directly related to program and practice. Research on the effectiveness of interventions for neglected children and their families is rudimentary.[37] There has been little research on the nature and extent of child fatalities.[38] There has been little research on those adults who were abused as children but who, as survivors, have not abused their children.[39] Little research is available on the etiology, identification, prevention, and treatment of child sexual abuse.[40] As a result, practitioners often are at a loss to know what to do with cases of such abuse.

These gaps exist for several reasons. The investment in research on child maltreatment has been inadequate and sometimes misdirected. The level of Federal investment in research on child maltreatment is minuscule, relative to the investment in other social and health problems.[41]

Investment in basic research to illuminate the specific causes, precipitants, and sequelae of child maltreatment has been particularly lacking, with no Federal agency having assumed a mandate to stimulate such work.[42] Demonstration programs commonly have lacked rigorous evaluation components,[43] and they often have lacked a foundation in knowledge generated through empirical research, to the point that many "model" projects should have been expected to fail from the beginning.[44]

Government research related to the protection of children falls under a wide range of individual agency interests, protocols, and funding priorities. Some private foundations have also supported important research in this field.

This diversity of uncoordinated funding sources virtually ensures that the research to be conducted will in some sense be inappropriate.[45] Moreover, Federal funding priorities have not been based on long-term plans so that investigators might pursue key ideas to fruition.[46] Finally, the peer review process for Federal child maltreatment research and demonstration grants in some agencies has been so problematic for years that the process is no longer credible in the eyes of many researchers.[47]

RECOMMENDATION #13:

> ***The Secretary of Health and Human Services should launch a major coordinated initiative involving all relevant components of the Department of Health and Human Services to promote the systematic conduct of research related to child abuse and neglect.***

Evaluating Efforts To Prevent And Treat Child Maltreatment

Some reasonable attempts have been made to evaluate the impact of society's efforts to protect children from abuse and neglect. Published studies have indicated that families served by one State's CPS system were generally pleased with that intervention, and that there are some effective ways to prevent physical abuse and neglect of children.[48] Testimony before the Board indicated that at least one State is attempting to measure the outcomes to children of CPS interventions.[49]

Nevertheless, CPS agencies, as well as those parts of the criminal justice, juvenile court, and mental health systems serving abused and neglected children and their families, do not systematically maintain records and evaluate what they are doing. These agencies do not routinely examine the current status of children they served one, two or three years ago. They are largely unable to answer such questions as: Where are these children? Has their lot improved? Worsened? Stayed the same? Are efforts to treat physically and sexually abusive individuals effective?

In many States, information on unfounded or closed cases is systematically destroyed after a short period of time.[50] There is little or no continuity from the child's perspective in the system and no person, or agency, charged with the responsibility of ensuring that the outcome for the child is better than what was happening to the child before, and that the intervention is effective and permanent.

There is yet another dimension to the evaluation of child protection efforts. Knowledge about child maltreatment rarely has been carefully applied to prevention, investigation, and treatment. Those services that have been documented to work, such as home-based preventive[51] and therapeutic[52] services for physically abusive parents, have been rarely delivered. Other services that have not been documented to work, such as programs for the prevention of sexual abuse, have been widely delivered.[53]

Moreover, the directions that basic research has suggested often have not been pursued. Despite the promising directions, for example, of early research on social and cultural factors in child maltreatment--work that might have led to model interventions--Federal funding for such work has been virtually nonexistent in recent years.[54] To cite another example, interventions have often involved unit-based services (e.g., one hour per week) that simply make no sense when one considers the complexity of the problem. Similarly, the evidence that neighborhood cohesiveness is a critical factor in child maltreatment rates almost never has been applied to the development of intervention programs.

RECOMMENDATION #14:

> *The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should launch a major initiative to use multidisciplinary knowledge about what works as the cornerstone of Federal efforts to rehabilitate the quality of the child protection system. This initiative should include the translation of what is already known about interventions that produce positive results. It should also include the evaluation of possible systemic improvements the value of which has not yet been established.*

Assuring An Adequate Pool Of Qualified Scientists

Some of the work done by eminent child maltreatment researchers has helped immeasurably to improve society's approach to prevention, identification, investigation, and treatment of child abuse and neglect. Important as this work has been, however, the ranks of these researchers are thin.

There have been only a few programs specifically designed to train researchers on child maltreatment.[55] In addition, a number of prominent scholars have left the field, at least in part because of what they perceived as the lack of a credible Federal program of support for research on child maltreatment.[56]

Even if the support for knowledge-building efforts is greatly increased, the nation will continue to be handicapped by the inadequate pool of qualified researchers who have chosen to specialize in child abuse and neglect. No strategy exists for expanding that pool. The Board is convinced that the lack of such a strategy, more than a lack of interest among scientists in training, has been the cause of the continuing dearth of scientists specializing in child abuse and neglect.[57]

RECOMMENDATION #15:

> *The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the nation's private foundations that have an interest in children, should launch a major initiative to increase both the number and the professional qualifications of individuals conducting knowledge-building activities on child abuse and neglect. The initiative should include the active encouragement of noted researchers from other fields in the social, behavioral, and health sciences to do work in this area.*

E. DIFFUSING KNOWLEDGE

Establishing A Permanent Source Of Information

Knowledge that is generated but unpublicized is of little practical use. Although the study of child abuse and neglect has generated much knowledge of potential use to practitioners, policymakers, and the general public, little of that knowledge has reached those audiences. Information, for example, which has been generated in research and demonstration projects remains largely undiffused.

Diffusion efforts rarely have taken advantage of general research about the use of scientific knowledge. For example, no effort has been made to determine the sources of information which child protection practitioners and policymakers use to carry out their responsibilities. This is of special concern because: (a) much of the most important information is not widely known, and (b) misinformation and distorted, one-sided information about child maltreatment are rampant.

A lack of awareness of current knowledge in the field probably accounts in part for the scarcity of state-of-the-art prevention and treatment programs. No doubt it also reflects the common lack of specialized training of child protection workers.

To address this issue, the Federal Government has tried various approaches. Unfortunately, none now in place have sufficiently met the tremendous need for state-of-the-art knowledge.

In 1974, the U.S. Congress mandated establishment of a "Clearinghouse on Child Abuse and Neglect Information" when it enacted the Child Abuse Prevention and Treatment Act. In implementing this mandate, the Department of Health and Human Services has chosen to conduct this activity through a series of contracts with different non-governmental organizations. Shifting this activity from one contractor to another has inevitably resulted in instability.

The Clearinghouse is little known in the field and virtually unknown outside it. Nevertheless, the Clearinghouse has a potentially powerful role in the diffusion of important knowledge about child abuse and neglect to the general public, professionals who work with maltreated children, and policymakers.

The National Center on Child Abuse and Neglect has funded some resource centers to diffuse information on particular topics related to child maltreatment. It has also begun to issue calls for proposals in order to synthesize and systematically diffuse certain rapidly developed bodies of knowledge (e.g., child witness research). However, State and regional interdisciplinary resource centers that might be an avenue for collection of system-specific data and for state-of-the-art training are today virtually nonexistent.

Not only do professionals need better access to critical knowledge in this field, but the general public, especially parents, could benefit greatly by the ready access to information on parenting programs and resources, self-help groups, and other child abuse prevention resources. Currently, few parents in America are aware of where to find this information.

RECOMMENDATION #16:

> ***The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should take whatever steps are necessary to assure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, consistent state-of-the-art information on child abuse and neglect. Such steps should include establishing a permanent governmental unit from which this information is available.***

Educating The Public

Pollsters tell us that the 15-year effort to increase public and professional awareness of child maltreatment has been successful. Fewer than five percent of the American public now deny that child maltreatment exists.[58] Even more impressively, a consensus is growing that screaming at children and belittling them are harmful and wrong,[59] and there has been significant progress toward elimination of the belief that hitting children is a necessary part of their socialization and education.[60]

Nonetheless, many Americans still have difficulty comprehending the full scope of the child maltreatment problem. Many others are frustrated because they can not see solutions to it.

The mass media and advocacy groups that have cooperated in public relations campaigns deserve enormous credit for helping to sensitize Americans about child abuse and neglect. At the same time, they must bear some responsibility for the emergency. Some of the fragmentary and contradictory policies that now exist are a reflection of simplistic, sensational coverage in the media.

The public has yet to be given a comprehensive picture of the crisis that the child protection system faces today. In general, the public has not been told how the CPS investigation process has drained the resources of the child protection system to the extent that resources for treatment are insufficient. The public has yet to learn the diversity of social problems that do not legally constitute child abuse and neglect for which the child protection system is now being used. The public may have some idea that the results of many investigations are inconclusive, and it may understand that many reported cases are unsubstantiated, but it has little sense of the meaning of such statistics. The public has little awareness of the infrequency with which treatment is offered abused and neglected children.

Associations of journalists, broadcast executives, publishers, public relations firms, deans and faculty of schools of journalism, as well as individual media outlets--all have a major role to play in the nation's efforts to deal with the emergency. The media have taught the public that child maltreatment exists. Now it is time for urgently worded but carefully researched news stories about the emergency. Such information is an important step toward development of a comprehensive policy and a concerted community response.

RECOMMENDATION #17:

> *Leaders of the media should join in a campaign to promote public understanding of the child protection emergency and the most effective ways of addressing it, including coverage of the complexity and seriousness of the emergency and the alternatives for dealing with it.*

F. INCREASING HUMAN RESOURCES

Making Child Protection A Profession

The CPS worker of today was unknown just 20 years ago. This new occupation results from the response of State and local governments to the massive increase in reporting of child abuse and neglect. With considerable Federal support, State and local governments developed special CPS units in public welfare agencies. In these agencies, State or County employees work collectively on the investigation and treatment of child maltreatment cases. Organizations such as the Child Welfare League of America and the American Public Welfare Association have done considerable analysis of those human resources elements which are needed for a CPS agency to function well.[61]

People who work in public CPS agencies are often at the lower end of prestige and salary scales. Job status is low. Often the positions are filled by new hires, or minimally qualified individuals. Once on the job, too many staff receive inadequate training, administrative support, access to multidisciplinary clinical consultation, or supervisory backup. Many become overwhelmed, discouraged, and burned out. They often quickly leave the agency.[62]

RECOMMENDATION #18:

> ***The Secretary of Health and Human Services, the U.S. Congress, their counterparts in State governments, and the Governors of the several States, in concert with professional associations and organizations, should take concrete steps to establish the position of public agency "child protective services caseworker" as a professional specialty with commensurate minimum entry-level educational requirements, salary, status, supervision, administrative support, and continuing education requirements.***

Upgrading The Professional Qualifications Of Public Agency Child Protection Caseworkers

Tragically, as reported cases of child abuse and neglect have skyrocketed, the general degree of **professionalism** within the ranks of CPS front-line caseworkers has, on the whole, declined. Many readers of this report may be shocked to learn that in most of the country a CPS caseworker need not possess either a master's or bachelor's degree in social work. Indeed, fewer than ten percent of CPS staff nationally have a BSW, and fewer than three percent have an MSW degree.[63] Many lack even basic education in normal and abnormal child and adolescent development.

A major mechanism available to State governments for the improvement of CPS caseworker qualifications is the imposition of new minimum educational requirements which such employees must meet in order to be hired. Because the Federal Government plays such a large role in the financing of State and County CPS agencies, it can contribute to the effort to upgrade the qualifications of personnel by establishing minimum educational requirements as a condition of Federal financial participation.

Those working in child maltreatment have long recognized that committed individuals who lack a degree in social work can, and do, play important roles in responding effectively to the needs of maltreated children and their parents. Some Parents Anonymous leaders are examples of this phenomenon. In any imposition, therefore, of minimum educational requirements, the possibility of substituting minimum experience for education must be assured. In that way, skilled individuals will not be excluded from working in CPS agencies.[64]

RECOMMENDATION #19:

> ***The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to establish minimum educational requirements for the position of public agency CPS caseworker in agencies which receive Federal financial support. Such requirements should provide for the substitution of appropriate experience for education.***

Upgrading The Training Of Public Agency Child Protection Caseworkers

In recent years, a huge effort has been waged to provide training to public agency CPS caseworkers involved in child abuse and neglect cases. Much more attention has been given to providing pre-service and in-service structured education for the front-line CPS caseworker.

By and large, however, such training has been neither constant nor consistent. Some agencies have been unable to offer sufficient training or any training at all. Virginia officials, for example, have reported that training for child protection work commonly lacks adequate depth and breadth.[65] Idaho officials reported that most CPS workers received little or no training, with the result of frustration, burnout, and high turnover.[66]

When training is provided, it tends to be more general than specific, in keeping with the newness of the topic to most of those being training. Moreover, emerging knowledge is not always included. For example, most CPS caseworkers are currently ill-equipped to work with parents who are abusing drugs.

Child protective services caseworkers also commonly lack training on how to work with professional specialists outside of their agency. For example, low birth-weight babies are thought to be at-risk for later child abuse,[67] but it is not clear how many CPS caseworkers are aware of how to utilize the services of specially-trained medical and mental health personnel in dealing with the needs of both the parent and children in such situations.

RECOMMENDATION #20:

> ***The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to assure that all public agency CPS caseworkers systematically receive adequate pre-service and in-service continuing training for the proper performance of their duties. Such training should be offered at different levels in keeping with the differing needs and responsibilities of CPS caseworkers, and should reflect emerging issues in the field.***

Increasing The Numbers Of Public Agency Child Protection Caseworkers

Child protective services agencies have done heroic work in trying to keep pace with the virtual flood of increased reports. Most of those who work with children and families in these agencies are extremely dedicated and work long hours, often in crime-ridden neighborhoods and with cases presenting high risks to their personal safety.

Child protective services caseloads in many agencies are two or three times above a manageable level.[68] For example, the average caseload for a worker in Maine is 65;[69] one worker in Illinois carries more than 75 cases;[70] another in the District of Columbia is responsible for over 100 children.[71] It is not possible for one worker to provide adequate protection and help for up to 60 or 70 families at the same time. Good practice dictates caseloads of 12-25.[72]

Some States have appropriated additional funds for CPS agencies to increase the numbers of workers and decrease the size of caseloads, usually after a public outcry following an abuse death (e.g., Eli Creekmore in Washington, Bradley McGee in Florida, Lisa Steinberg in New York). Yet, it is CPS agencies--mandated by law to provide services to abused and neglected children--that have been particularly hard hit by government funding cutbacks and have become dangerously understaffed.

RECOMMENDATION #21:

> *The Secretary of Health and Human Services, the U.S. Congress, and their counterparts at the State and County levels, in concert with private sector support should take the necessary steps to establish acceptable caseload standards so as to reduce the caseload sizes of public agency CPS caseworkers in agencies which receive Federal financial support. A part of this initiative should be the recruitment and maintenance of a sufficient number of qualified staff so that services can be provided at the acceptable caseload level.*

Making The Child Protection Work Force More Representative

More staff are necessary but not sufficient. The present work force in many public CPS agencies is not representative of the social, economic, cultural, and racial characteristics of agency caseloads.[73] Frequently, therefore, CPS caseworkers intervene in ways which are incongruent with cultural expectations. Another consequence is that many CPS caseworkers insufficiently understand the complexities of racism and prejudices and how they impede healthy and productive interactions within families and between families and agencies.

The need to achieve a higher level of competence in the minority and cultural arena is obvious. It will be easier to accomplish this objective when the ranks of CPS agencies, including agency administrators and supervisors, are better representative of the racial, ethnic, and cultural mix of the communities they serve.

RECOMMENDATION #22:

> ***State and local social services officials should launch an aggressive campaign to recruit new CPS caseworkers representative of the racial, ethnic, and cultural composition of the child maltreatment caseload population.***

Expanding Professional Competence In The Child Protection System

Child protection efforts require not only a more professionalized, qualified, numerically larger, and representative public agency CPS staff, but also the participation of physicians, nurses, psychologists, judges, attorneys, and private agency social workers who possess competence and skill concerning child protection. Clearly, such competence and skill are in short supply.

To counteract the lack of formal educational preparation, a number of effective training efforts have been undertaken in recent years. State and local interdisciplinary education conferences are far more common than they were even a half decade ago. On a national level, there are now each year several top quality educational conferences in the field. Special training opportunities have been provided for child protection professionals in the military and Indian communities. In some States, laws have been enacted requiring either initial or periodic training for certain enumerated professionals that might deal with child abuse and neglect (such as teachers and police). Several national professional associations have regularly provided or encouraged training for judges, attorneys, doctors, psychologists, and others.

As important as such efforts are, however, increased training opportunities alone will not suffice. Physicians, social workers, judges, and attorneys commonly enter the field without any formal education on child maltreatment. The obvious reason why such professionals lack specialized knowledge and skills related to child maltreatment is the absence of special child abuse and neglect curricula and clinical programs at most American colleges and universities.

Another barrier to the effective utilization of professionals is that, where such training opportunities are provided, they frequently fail to address the multidisciplinary character of child protection workers. Thus, even when professionals are prepared to enter this field they lack the ability to understand the role of other professionals in the child protection system.

Still another barrier is that, because child abuse and neglect is an extraordinarily unpleasant subject, few students who are preparing for a professional career are naturally drawn to work in child protection. Incentives which might cause them to overcome their reluctance are absent.

Promising approaches to overcoming these obstacles do exist. With respect to the absence of suitable curricula and clinical programs, Federal support in a large number of fields has made possible, in relatively short periods of time, the wide proliferation of specialized graduate education programs.

With respect to interdisciplinary training, the pioneering work of the Department of Education and NCCAN has resulted in proven models for the provision of interdisciplinary university-based training for students in child abuse and neglect. These models have not been replicated and institutionalized throughout the American university system. Such replication is now not only desirable, but necessary.

With respect to attracting students, Federally funded fellowships, traineeships, and special grants and loans that are forgiven after a certain number of years of public service have proven effective. For example, the National Health Service Corps has resulted in a substantial increase in the availability of physicians in medically-underserved communities.

RECOMMENDATION #23:

The Secretary of Health and Human Services and the Secretary of Education (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take concrete steps to assure a steady increase in the total number of the nation's professionals who possess the necessary competence and skill to participate effectively in the protection of children. Such steps should include: the development, introduction and expansion of curricula and clinical programs concerned with child abuse and neglect in all the nation's institutions of higher learning; the replication and institutionalization of models for the interdisciplinary training of graduate students preparing for work in child protection; and the establishment of a new program of Presidential or Secretarial Child Maltreatment Fellowships for graduate students willing to commit themselves to entering the field.

G. PROVIDING AND IMPROVING PROGRAMS

Providing And Improving Treatment Programs

As child abuse and neglect reports and cases for which the CPS system is responsible have skyrocketed, State and County child welfare agencies have tried valiantly to keep up with their investigation and social service obligations. CPS is, after all, an entitlement-type program that must be provided to all children in need, regardless of funding constraints or caseload sizes. Many CPS programs have endeavored to give more attention to treatment through agency reorganization or shifts in budget priorities.

Certain segments of the human service provider community, however, have been unable to meet the needs of abused and neglected children and their parents. There is simply no excuse that, currently, treatment from any agency is available to only a fraction of those children who need it. In many communities, only the most severely emotionally disturbed children receive any services from the public system, leaving most child victims of abuse and neglect untreated.

When available, treatment for children has tended to focus on young children and on those who are victims of physical, and particularly sexual, abuse. Very few treatment programs have been developed for maltreated adolescents or for neglected and emotionally abused children.[74] Treatment has also been insufficient for many children in foster homes and other out-of-home care settings.[75]

While there are a number of treatment programs for physically and sexually abusive parents, there are very few specifically oriented to severely neglectful and emotionally abusive parents.[76] There are even fewer for parents who are in jail or prison for child abuse, physical or sexual, even though it seems clear many could benefit from treatment.[77]

The most serious shortcoming of the nation's system of intervention on behalf of children is that it depends upon a reporting and response process that has punitive connotations, and requires massive resources dedicated to the investigation of allegations. State and County child welfare programs have not been designed to get immediate help to families based on voluntary requests for assistance. As a result it has become far easier to pick up the telephone to report one's neighbor for child abuse than it is for that neighbor to pick up the telephone to request and receive help before the abuse happens. If the nation ultimately is to reduce the dollars and personnel needed for investigating reports, more resources must be allocated to establishing voluntary, non-punitive access to help.

RECOMMENDATION #24:

> *The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that comprehensive, multidisciplinary child abuse and neglect treatment programs are available to all who need them.*

Engaging In And Improving Prevention Efforts

At its root, child protection is preventive--protection of children from further harm when maltreatment has occurred, and, ideally, prevention of maltreatment altogether. Stated somewhat differently, the thrust of a child-centered child protection system must be to move toward preventing child abuse and neglect before it happens.

Accordingly, the U.S. Congress has mandated that the majority of funds appropriated for research and demonstration projects under the Child Abuse Prevention and Treatment Act must be expended on prevention. Also, 49 of the 50 States (all but Wyoming) have created "trust funds" designed to channel funding into child abuse prevention activities.

However, the investment in prevention of child maltreatment remains inadequate, fragmentary, and inefficient. Research on prevention is still at an early point.[78] There are some data to suggest that parenting education for at-risk populations is useful. The best documented preventive efforts are for home visitation services for families of infants[79] which are universal in many developed countries[80] but are not now widely available anywhere in the United States.[81]

What used to be an extensive network throughout the United States of supportive public health nurses who would see most newborns and their mothers for health supervision has disappeared. In its place is now found a loose confederation of home health care agencies whose primary mission is treatment, usually on a fee-for-service basis, of children or adults with diseased organs.[82]

Similarly, intensive home-based services have been shown to be an effective means of strengthening families in crisis in order to prevent maltreatment and out-of-home placement.[83] Almost nowhere, though, are such services available in sufficient number to meet the emergency.[84]

RECOMMENDATION #25:

> *The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that efforts to prevent the maltreatment of children are substantially increased. Such efforts, at a minimum, should involve a significant expansion in the availability of home visitation and follow-up services for all families of newborns.*

Achieving A Healthy Balance Between Funds Devoted To Prevention And To Treatment

In recent years, with few exceptions, the amount of societal resources devoted to child protection efforts has been extremely constrained. In consequence, too often advocates for a greater emphasis on prevention, or a greater emphasis on treatment, have battled to expand the approach they favor at the expense of each other.

The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) illustrates this underlying debate. That law has two key components: (1) a Title IV-B child welfare services program focused in part on "preventative services" that can avoid the need for children to be removed from their families, and (2) a Title IV-E foster care maintenance program that is focused on support for substitute care and treatment providers.

There is currently taking place an important re-assessment within the child welfare community of whether too much of a funding focus has been given to out-of-home care and treatment of children, at the expense of adequate prevention-oriented "family preservation services" designed to protect children within their own homes. A recent Interim Report of The National Commission on Child Welfare and Family Preservation suggests that the public child welfare system's ability to respond to child abuse and neglect "has been hampered by (such) philosophical disagreements .... "[85] Studies of the delivery of child welfare services at the State and local levels have reflected similar concerns.[86]

The nation is now engaged in a major debate concerning which government services might be expanded under a "peace dividend." To the extent that the political leadership of the nation determines that resources devoted to child maltreatment should be expanded, an effort should be made to assure that the total amount of the resources which the nation is devoting to this subject is balanced between prevention and treatment.

RECOMMENDATION #26:

> *The U.S. Congress and State and local legislative bodies should ensure that, in any expansion of programs concerned with child abuse and neglect, resources devoted to prevention and resources devoted to treatment do not come at the expense of each other.*

Encouraging Greater Involvement Of The Private Sector In Prevention And Treatment Efforts

As the nation moves to address the child protection emergency, the Board believes, it needs to expand, not narrow, its horizons. It is the private sector, not bound by "red tape," that often identifies the most effective and creative responses to complex social problems.

The exercise of social responsibility by the private sector of American society refers to the actions of hundreds of thousands of voluntary organizations, civic groups, businesses, the media, the religious community, and philanthropic foundations. It also refers to the actions of millions of individual citizens.

"Public/private partnerships" are now considered, by many, to be the most effective way out of many overwhelmingly difficult and expensive societal predicaments. Child abuse and neglect is a problem of such magnitude and complexity that significant cooperation between the public and private sectors is essential, if it is to be remediated. There will be no effective solution to the emergency unless there is a cooperative community response--open to unconventional and untested "solutions" from the "free market" of public and private ideas.

Many public officials are far more informed about traditional governmental responses to social problems than they are about innovative private sector responses. This is equally true for many social change advocates such as journalists, clergymen, and foundation board members. Greater awareness of the roles which the private sector could perform in addressing the national emergency described in this report can assist such individuals to make better decisions, can inspire them, and can help overcome their inertia. There are several ways in which the private sector is or could be significantly involved in the prevention and treatment of child maltreatment.

First, the existence of families and friends mitigates social isolation, a major factor in high maltreatment rates.[87] When relatives or friends are not available or are not willing to assist in the difficult job of parenthood--or are willing to assist but are not effective--being able to pick up the telephone and get support from neighbors, community volunteers, or programs operated by churches and synagogues can be an important first step in preventing the abuse of children. This kind of support is especially important for new parents.

Second, formal volunteer programs can make an extraordinary difference. Historically, children have been given a low priority within the legal system. Volunteers in Court Appointed Special Advocate (CASA), guardian ad litem, and other child advocacy programs have helped make that system more child centered.[88] Early intervention programs, with children and families at serious risk but where abuse has not yet taken place, reduce the incidence of maltreatment. Such programs in which professionals do planning, evaluation, and supervision--and volunteers render the services--have produced as favorable outcomes as programs wholly staffed by professionals.[89]

Third, employers engage in a variety of measures in the workplace which separately and together reduce familial stress for employees, thus putting those employees less at risk of abusing their children. Employer-offered Employee Assistance Programs, day care centers, emergency day care arrangements for ill children, parental leave benefits--all are examples of programs to minimize the demands which the workplace puts on employees who have parental responsibilities.

Fourth, one of the reasons that the child protection system has drifted into crisis is that the system has not been forced to meet standards of accountability. Civic clubs, religious groups, and advocacy groups (e.g., the League of Women Voters) are ideal monitors to assure that the child protection system is performing in an accountable manner. Such organizations can perform this function on their own or in conjunction with such public sector programs as foster care review boards.

Fifth, the private sector can use its varied access to the public to increase awareness of the child protection emergency. Equally important is its capacity to influence government toward the adoption of more enlightened public policy.

Many of these actions would be facilitated if, at the local level, citizens, professionals, and policymakers work together in public/private partnerships to devise unique plans for improvements in public policy and programs tailored to meet the needs of their own communities. Increased community involvement will create an ongoing grassroots demand for implementation of those plans. Government at all levels should provide a framework for such partnerships. The development of such partnerships will assure even greater success in the myriad of private sector efforts already underway.

RECOMMENDATION #27:

> *The headquarters or regional units of private sector organizations–voluntary, religious, civic, philanthropic, and entrepreneurial–should take the necessary steps to increase significantly the involvement of their local affiliates and outlets, members, or employees in efforts to support and strengthen families as well as to prevent and treat child abuse and neglect. At a minimum the efforts for which increased involvement is encouraged should include: participation in neighborhood home visitation networks; participation in formal volunteer programs; the introduction of workplace measures aimed at reducing familial stress; participation in programs aimed at increasing greater accountability within the child protection system; and the promotion of greater awareness of the child protection emergency, as well as advocacy for more enlightened public policies in response to it. Government at all levels should facilitate the development of public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect.*

Improving The Judicial Process

The courts perform an important role in the child protection process. It is critically important that when a child abuse and neglect case goes to court, a judge or attorney handling the case has had the benefit of some prior special training provided by a judicial education program, a bar association, or a prosecutors organization.

Over the last decade, many court systems have been overwhelmed by the number and complexity of child abuse and neglect related cases that require judicial intervention after an investigation is completed.[90] When judicial action has been initiated, the cases have often tended to be the most severe (e.g., involving chronic neglect) or complex (e.g., involving parental mental disability or substance abuse), or the offenses against the child heinous (e.g., involving sexual molestation or infliction of life-threatening injury).

These cases have also required much more of the courts' time to resolve, due to major changes in Federal and State laws affecting the removal of children from their homes. The Federal Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) and similar State legislation has greatly increased the burden on courts, profoundly impairing their ability to conduct timely and rigorous hearings.

Inundated with rapidly escalating numbers of cases due to increased reports, increased drug-related child maltreatment, a rise in seriously dysfunctional families, and a rise in judicial awareness of the requirements of the Federal law, those in the judicial process who determine the fate of abused and neglected children are increasingly desperate. They need more training, more resources, and a status within the court system comparable to those who decide cases which will have far less impact on society.

Much more also remains to be done to help assure that all abused and neglected children who have their cases heard in the judicial system have both vigorous advocates and competent legal counsel. Traditionally, attorneys involved in child protective judicial proceedings have been inadequately trained and compensated. Despite the increasing legal complexity of these cases, too often the affected children are not receiving independent legal counsel. Although they are not a substitute for legal counsel, such programs as Court Appointed Special Advocates provide important independent advocacy for these children.

The agencies responsible for the protection of these children must also have the benefit of excellent legal representation. Child protective services caseworkers must not be allowed to appear in court and act without legal advice and counsel at any stage of a child maltreatment proceeding. Legal agencies prosecuting these cases, both criminally and civilly, must also be given the support necessary to do top quality work.

RECOMMENDATION #28:

The Attorney General, the U.S. Congress, the State legislatures, the Chief Justice of each State's highest court, and the leaders of the organized bar should assure that all State and local courts handling the large numbers of civil and criminal child abuse and neglect cases coming before the court system promptly and fairly resolve these cases. Prompt and fair resolution will require sufficient resources including: (a) adequate numbers of well-trained judges, lawyers, and court support staff, as well as manageable caseloads that take into account the complex and demanding nature of child abuse and neglect litigation; (b) specialized judicial procedures that are sensitive to the needs of children and families; (c) improved court-based diagnostic and evaluation services; and (d) greater educational opportunities for all professional personnel involved in such proceedings. Courts hearing child maltreatment cases must also be given the funding and status befitting these most important of judicial tribunals. These officials should also take steps to assure that every child has independent advocacy and legal representation, and every CPS caseworker is effectively represented by counsel throughout the judicial process.

Strengthening The Role Of The Schools In Child Protection

Because of their universality and access to children, the schools are an obvious setting for the prevention, identification, and treatment of child maltreatment. Unfortunately, the educational system has neither been seen as an essential part of a multidisciplinary approach to the protection of children, nor been given the resources to realize this potential.

Although sexual abuse prevention education is now available for hundreds of thousands of children in American schools,[91] and many PTAs have diffused knowledge about child abuse and management of family stress, such efforts have rarely been comprehensive. Many schools remain uninvolved in family life education and support for families at risk.[92] As of 1986, school personnel still reported only one-quarter of cases of child maltreatment they identified, and many schools continued to impose administrative obstacles to reporting.[93] Schools often have failed to provide sufficient support for maltreated children,[94] who commonly exhibit adjustment problems at school as well as at home.[95]

Schools can participate in the prevention of child maltreatment by providing sex abuse education programs, offering comprehensive family life education both to children and parents, and sponsoring support groups for families-at-risk as well as children-at-risk. Schools can assure that all children who are suffering from maltreatment are identified and promptly reported to proper authorities. Schools, utilizing the skills of school nurses, school psychologists, and school social workers, can help provide treatment to abused and neglected children and their families.

Schools can become major vehicles for the expression by neighborhoods and communities of their concern and support for the well-being of families and children. For schools to accomplish each of these tasks they will require greater leadership from their school boards, PTAs, Federal, State, and local governments, technical assistance from educational organizations, and considerably enhanced financial resources.

RECOMMENDATION #29:

The Secretary of Education and his counterparts in State and local educational agencies, in concert with the leaders of all relevant national educational organizations and their State and local affiliates, should launch a major initiative to establish and strengthen the role of every public and private school in the nation in the prevention, identification, and treatment of child abuse and neglect.

H. PLANNING FOR THE FUTURE

Estimating The Cost For A Proper National Effort

The Board believes that a new strategy for the protection of children must be developed. During the years ahead the Board will endeavor to design and propose such a strategy.

The Board believes that a new child protection strategy should:

1. Ensure the safety of children;

2. Prevent child maltreatment, whenever possible;

3. Result in timely, sensitive, and accurate investigation and assessment, whenever child maltreatment is suspected or known to have occurred;

4. Result in treatment to ameliorate the effects of abuse and neglect on children;

5. Aim, whenever possible, to rebuild the families whose ties have been frayed by maltreatment; and

6. Assure safe, stable, and nurturing substitute family environments when children are temporarily or permanently unsafe in their biological families.

The Board notes that a number of other organizations have begun to develop a national strategy for improving the protection of abused and neglected children.[96] In designing the strategy which it will recommend, the Board intends to take advantage of the work of these organizations.

As a companion effort to the long-range planning inherent in the design of a new strategy--as well as a potent response to the present emergency in child protection--knowledge is needed about the cost of implementing for the first time in America a comprehensive program for the prevention and treatment of child abuse and neglect. Political realities in today's tight fiscal context also require that legislative bodies carefully document the costs of not developing and implementing such a program. Comprehensive estimates in either instance are not now available.

The guidance that was offered the U.S. Congress in its budgetary decisions in response to another recent national emergency--the AIDS epidemic--provides a good example. In that instance, the joint report of the Institute of Medicine (IOM) and the National Academy of Science (NAS) provided useful analysis of the economics of AIDS treatment and research. Such a dispassionate integration of the best work in economics, the behavioral and social sciences, and the health sciences is needed for a study of the economics of child maltreatment. A nonpartisan research agency (i.e., IOM/NAS, the Congressional Budget Office, or the Office of Technology Assessment) could provide such a study at high quality and with due speed.

RECOMMENDATION #30:

> *The U.S. Congress should direct an appropriate research agency to determine the cost of developing and implementing a comprehensive national program for the prevention and treatment of child abuse and neglect, as well as the projected cost of not developing and implementing such a program.*

Designing And Implementing A New Process For Planning

To date, there have been no long-term, comprehensive Federal or State plans to reduce child abuse and neglect or to ameliorate their effects when they occur. Government programs in this area have unfortunately been set by political process, not by any long-range planning. Each year there are new crises, followed by new laws. These measures rarely build on previous experience, and they are rarely part of any logical plan. The result is to further reduce the nation's ability to allocate time and resources for a coordinated, comprehensive effort to prevent, identify, and treat abuse and neglect.

It has been suggested that the existing child protection system could be substantially improved if existing categorically funded approaches targeted only to particular aspects of child maltreatment were replaced by holistic approaches.[97] Such approaches would be child and family centered and neighborhood or community based.

Many States have begun to attempt to develop such approaches, in part as a result of several sponsored initiatives. The Board is not aware, however, of any State that has developed a fully functioning community-based, integrated child protection system.

The Board believes that a major step in dealing with the child abuse and neglect emergency--as well as a useful companion effort to the design of a new strategy---would involve the development and implementation of a new planning process focused on introducing these kinds of approaches. The nexus of this process should be the community. The goal of the process should be the development of plans for the coordinated, comprehensive, community-based prevention, identification, and treatment of abuse and neglect.

A fundamental principle guiding the development of these plans should be the involvement in their development of all of the community's relevant systems (e.g., social services, mental and public health, education, law enforcement). Another fundamental principle guiding their development should be a focus on the individual needs of maltreated children, including "special population" groups of children who have too often been inadequately served: children with disabilities; children of various racial, ethnic and cultural groups; and children who are in the legal care of the State or national government, such as children in foster homes, residential institutions, or who reside on reservations.

RECOMMENDATION #31:

> *The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the National Governors Association, the U.S. Conference of Mayors, and the National Association of Counties, should develop a model planning process aimed at generating plans for the coordinated, comprehensive, community-based prevention, identification, and treatment of abuse and neglect, and take appropriate steps to assure that the model process is implemented throughout the nation.*

NOTES

A. NOTES TO PART I

[1]See generally Wegman, Annual Summary of Vital Statistics, 84 Pediatrics 943 (1989).

[2]Kempe, Silverman, Steele, Droegemueller, & Silver, The Battered Child, 181 J. Am. Med. Ass'n 17 (1962).

[3]D. Daro & L. Mitchell, Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1989 Annual 50 State Survey (1990) (survey of Nat'l Comm. for Prevention of Child Abuse). See also American Association for Protecting Children, Highlights of Official Child Neglect and Abuse Reporting, 1986 (1988) (unpublished paper, Am. Humane Ass'n) (most recent official statistics).

[4]Such a conclusion is now common among commentators on both the right and the left, because of the high level of intrusiveness of child protective services that often is accompanied by a lengthy period of limbo and followed by minimal services or a succession of foster placements for the child. See Melton, Child Protection: Making a Bad Situation Worse?, 35 Contemp. Psychology 213 (1990), reviewing Protecting Children from Abuse and Neglect: Policy and Practice (D. Besharov ed. 1988) (hereinafter D. Besharov), and M. Wald, J. Carlsmith, & P. Leiderman, Protecting Abused and Neglected Children (1988) (hereinafter M. Wald).

[5]See generally J. Haugaard & N. Reppucci, The Sexual Abuse of Children: A Comprehensive Guide to Current Knowledge and Intervention Strategies ch. 4 (1988); D. Wolfe, Child Abuse: Implications for Child Development and Psychopathology (1987); Augoustinos, Developmental Effects of Child Abuse: Recent Findings, 11 Child Abuse & Neglect 15 (1987); Browne & Finkelhor, Impact of Child Sexual Abuse: A Review of the Research, 99 Psychological Bull. 66 (1986); Conte & Berliner, The Impact of Sexual Abuse on Children: Empirical Findings, in Handbook on Sexual Abuse of Children ch. 5 (L. Walker ed. 1988) (hereinafter Handbook); Egeland, Sroufe, & Erickson, The Developmental Consequences of Different Patterns of Maltreatment, 7 Child Abuse & Neglect 459 (1983); Wolfe, Gentile, & Wolfe, The Impact of Sexual Abuse on Children: A PTSD Formulation, 20 Behav. Therapy 215 (1989).

[6]See, e.g., Edwall & Hoffmann, Correlates of Incest Reported by Adolescent Girls in Treatment for Substance Abuse, in Handbook, supra note 5, at 94, 99-102; Fischer, Adolescent Adjustment After Incest, 4 School Psychology Int'l 217 (1983); Kazdin, Moser, Colbus, & Bell, Depressive Symptoms Among Physically Abused and Psychiatrically Disturbed Children, 94 J. Abnormal Psychology 298 (1985).

[7]See, e.g., D. Wolfe, supra note 5, at 103-105; Eron, Prescription for Reduction of Aggression, 35 Am. Psychologist 244, 245 (1980); Lane & Davis, Child Maltreatment and Juvenile Delinquency: Does a Relationship Exist?, in Prevention of Delinquent Behavior

(J. Burchard & S. Burchard eds. 1987) (hereinafter Prevention); Lewis, Toward a Theory of the Genesis of Violence: A Follow-up Study of Delinquents, 28 J. Am. Acad. Child & Adolescent Psychiatry, 431 (1989).

[8]See, e.g., Smetana, Kelly, & Twentyman, Abused, Neglected, and Nonmaltreated Children's Judgments of Moral and Social Transgressions, 55 Child Dev. 277 (1984).

[9]See, e.g., M. Wald, supra note 4, at 103-08; Hoffman-Plotkin & Twentyman, A Multi-Modal Assessment of Behavioral and Cognitive Deficits in Abused and Neglected Children, 55 Child Dev. 794 (1984).

[10]See, e.g., Finkelhor & Browne, Assessing the Long-term Impact of Child Sexual Abuse: A Review and Conceptualization, in Handbook, supra note 5, at 55, 58; Gold, Long-Term Effects of Sexual Victimization in Childhood: An Attributional Approach, 54 J. Consulting & Clin. Psychology 471 (1986).

[11]See, e.g., D. Finkelhor, Child Sexual Abuse: New Theory & Research 192-193 (1984); Bess & Janssen, Incest: A Pilot Study, 4 Hillside J. Clin. Psychiatry 39 (1982); Gold, supra note 10.

[12]See, e.g., A. Kazdin, Conduct Disorders in Childhood and Adolescence 16-17 (1987); Eron, supra note 7, at 44; Olweus, Stability of Aggressive Reaction Patterns in Males: A Review, 86 Psychological Bull. 852 (1979); Spivack & Cianci, High-Risk Early Behavior Patterns and Later Delinquency, in Prevention, supra note 7. For a discussion of this issue in regard to sexually abused boys, see, e.g., Rogers & Terry, Clinical Intervention With Boy Victims of Sexual Abuse, in Victims of Sexual Aggression: Treatment of Children, Women, and Men (I. Stuart & J. Greer eds. 1984), and to physically abused boys, see, e.g., Lewis, Shanok, Pincus, & Glaser, Violent Juvenile Delinquents: Psychiatric, Neurological, Psychological, and Abuse Factors, 18 J. Am. Acad. Child Psychiatry 307 (1979).

[13]Impulsive, antisocial behavior tends to be a part of a syndrome that touches on numerous aspects of adolescents' and young adults' lives. Osgood, Johnston, O'Malley, & Bachman, The Generality of Deviance in Late Adolescence and Early Adulthood, 53 Am. Sociological Rev. 81 (1988).

[14]See, e.g., M. Straus, R. Gelles, & S. Steinmetz, Behind Closed Doors: Violence in the American Family 97-122 (1980); Finkelhor, Abusers: Special Topics, in A Sourcebook on Child Sexual Abuse 119, 119-24 (D. Finkelhor ed. 1986); Kaufman & Zigler, Do Abused Children Become Abusive Parents?, 57 Am. J. Orthopsychiatry 186 (1987); Steele, Child Abuse: Its Impact on Society, 68 J. Ind. State Med. Ass'n 191 (1975); Widom, The Cycle of Violence, 244 Sci. 160 (1989).

[15]Most child fatalities involve young children. Alfaro, What Can We Learn from Child Abuse Fatalities? A Synthesis of Nine Studies, in D. Besharov, supra note 4, at 219, 229.

[16]See Caffey, On the Theory and Practice of Shaking Infants: Its Potential Residual Effects of Permanent Brain Damage and Mental Retardation, 24 Am. J. Diseases of Children 161 (1972).

[17]See Helfer, The Litany of Smoldering Neglect of Children, in The Battered Child (R. Helfer & R. Kempe eds. 1987).

[18]See Chase & Martin, Undernutrition and Child Development, 282 New Eng. J. Med. 933 (1970); Drotar, Nowak, Malone, Eckerle, & Negray, Early Psychological Outcomes in Failure to Thrive: Predictions from an Interactional Model, 14 J. Clin. Child Psychology 105 (1985).

[19]See, e.g., D. Finkelhor, G. Hotaling, & A. Sedlak, Missing, Abducted, Runaway and Thrownaway Children in America. First Report: Numbers and Characteristics (May 1990) (report to the U.S. Dep't of Just.); Powers, Eckenrode, & Jaklitsch, Maltreatment Among Runaway and Homeless Youth, 14 Child Abuse & Neglect 87 (1990).

[20]See, e.g., Krugman & Jones, Incest and Other Forms of Sexual Abuse, in The Battered Child, supra note 17, at 284; Silbert, Sexual Child Abuse as an Antecedent to Prostitution, 5 Child Abuse & Neglect 407 (1981).

[21]See, e.g., J. Herman, Father-Daughter Incest (1981); Roybal & Goodwin, The Incest Pregnancy, in Sexual Abuse: Incest Victims and Their Families (J. Goodwin ed. 1982) (hereinafter Sexual Abuse).

[22]See, e.g., Lewis, Shanok, Pincus, & Glaser, supra note 12; McCord, A Forty Year Perspective on Effects of Child Abuse and Neglect, 7 Child Abuse & Neglect 265 (1983); Straus, Family Training in Crime and Violence, in Crime and the Family 164, 172-75, 182-83 (A. Lincoln & M. Straus eds. 1985); Tarter, Hegedus, Winstern, & Alterman, Neuropsychological, Personality, and Familial Characteristics of Physically Abused Delinquents, 23 J. Am. Acad. Child Psychiatry 668 (1984). See generally E. Gray, Child Abuse: Prelude to Delinquency? (1986) (report of a conference conducted by the Nat'l Comm. for Prevention of Child Abuse for the Office of Juv. Just. & Delinq. Prevention).

[23]See, e.g., Cavaiola & Schiff, Behavioral Sequelae of Physical and/or Sexual Abuse in Adolescents, 12 Child Abuse & Neglect 181 (1988); Herman, supra note 21.

[24]See, e.g., Goodwin, Suicide Attempts: A Preventable Complication of Incest, in Sexual Abuse, supra note 21, at 109, 112; Powers, Eckenrode, & Jaklitsch, supra note 19.

[25]L. Sullivan, Remarks before the U.S. Advisory Board on Child Abuse and Neglect (May 30, 1989), at 9.

[26]Child Abuse Prevention & Treatment Act, as amended, 42 U.S.C.A. § 5102(f)(A) (West Supp. 1990).

B. NOTES TO PART II

[1]Public Health Service, U.S. Dep't of Health, Educ. & Welfare, 8 Morbidity & Mortality Weekly Report 4-5 (1964).

[2]National Center on Child Abuse Prevention Research, Reducing Child Abuse 20% by 1990: Preliminary Assessment (1990) at 9; Mitchell, Child Abuse and Neglect Fatalities: A Review of the Problem and Strategies for Reform (National Commission for the Prevention of Child Abuse, 10-11 (1988); Christoffel, Liv, & Stamler, Epidemology of Fatal Child Abuse: International Mortality Data, 34 Journal of Chronic Diseases, 57-64 (1981).

[3]National Center on Child Abuse and Neglect, Study Findings: Study of the National Incidence and Prevalence of Child Abuse and Neglect 3-11 (1988) (hereinafter National Center).

[4]D. Daro & L. Mitchell, Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1989 Annual 50 State Survey (1990) (survey by Nat'l Comm. for Prevention of Child Abuse); American Association for Protecting Children, Highlights of Official Child Neglect and Abuse Reporting, 1986 (1988) (unpublished paper, Am. Humane Ass'n).

[5]Supra note 3, at xiii. This figure is derived from a 1986 survey of agencies involved with children and families in a representative sample of counties across the nation. It includes all reported and officially substantiated cases as well as substantiable but unreported cases known to professionals. It does not include cases that never entered the professional service systems. The figure also does not include reported cases in which maltreatment did occur but in which the evidence was insufficient for substantiation.

[6]Kempe, Silverman, Steele, Droegemueller, & Silver, The Battered Child Syndrome, 181 J. Am. Med. Ass'n. 17 (1962).

[7]Supra note 2; see also Hearings Before the Subcommittee on Children and Youth of the House Committee on Labor and Public Welfare (Mar. 26, 1973). See generally D. Daro, Confronting Child Abuse: Research for Effective Program Design 13-15 (1988) (summary of trends in official prevalence studies)

[8]D. Daro, supra note 7, at 22-23.

[9]See, e.g., D. Broadhurst, Educators, Schools and Child Abuse (1986); Professional Responsibilities in Protecting Children: A Public Health Approach to Child Sexual Abuse (A. Maney & S. Wells eds. 1988); Swoboda, Elwork, Sales, & Levine, Knowledge of and Compliance with Privileged Communication and Child Abuse Reporting Laws, 9 Prof. Psychology 448 (1978); R. Koziol & P. Petretic-Jackson, The Role of the Psychologist in the Intervention of Child Sexual Abuse: An Examination of Training, Experience, Attitudes, Behaviors and Intervention Strategies (1989) (Attachment 4 to Report to the APA [American Psychological Association] Board of Directors from the Ad Hoc Committee on Child Abuse

Policy). In the latest National Incidence Survey, only 40% of the cases known to professionals in community agencies had beeen reported to child protective services. National Center, supra note 3, at xiv.

[10]Garbarino & Crouter, Defining the Community Context of Parent-Child Relations, 49 Child Dev. 604 (1978).

[11]See generally L. Pelton, For Reasons of Poverty (1989) (hereinafter Poverty); The Social Context of Child Abuse and Neglect (L. Pelton ed. 1981).

[12]National Center, supra note 3, at 5-30.

[13]See, e.g., Office of Technology Assessment, Indian Adolescent Mental Health 27 (1990); House Select Comm. on Children, Youth, and Families, Current Conditions and Recent Trends, 1989 190-91 (1989); Lujan, DeBruyn, May, & Bird, Profile of Abused and Neglected American Indian Children in the Southwest, 13 Child Abuse & Neglect 449 (1989).

[14]House Select Comm. on Children, Youth, & Families, No Place to Call Home: Discarded Children in America 38-39 (1989) (hereinafter Discarded Children); Poverty, supra note 11, at 62-63.

[15]See generally Cross-Cultural Perspectives on Child Abuse (J. Korbin ed. 1982).

[16]J. Kaplan, Pseudoabuse: The Misdiagnosis of Child Abuse, 31 J. Forensic Sciences 1420, 1421 (1986).

[17]See generally Lujan, DeBruyn, May, & Bird, supra note 13.

[18]Garbarino & Sherman, High-Risk Neighborhoods and High-Risk Families: The Human Ecology of Child Maltreatment, 51 Child Dev. 188 (1980).

[19]See e.g., D. Daro, supra note 7, at 56-58; Garbarino, The Price of Privacy in the Social Dynamics of Child Abuse, 56 Child Welf. 565 (1977); Seagull, Social Support and Child Maltreatment: A Review of the Evidence, 11 Child Abuse & Neglect 41 (1987); A. Cohn, D. Finkelhor, & C. Holmes, Preventing Adults from Becoming Child Sexual Molestors (1985) (unpublished paper, Nat'l Comm. for Prevention of Child Abuse), at 7.

[20]Frequent impulsive behavior tends to be part of a syndrome that generalizes across contexts. Osgood, Johnston, O'Malley, & Bachman, The Generality of Deviance in Late Adolescence and Early Adulthood, 53 Am. Sociological Rev. 81 (1988). The relationship between substance abuse and child maltreatment can be seen in this light. See infra note 22 and accompanying text.

[21]See generally D. Wolfe, Child Abuse: Implications for Child Development and Psychopathology ch. 4 (1987); N. Polansky, M. Chalmers, E. Buttenweiser, & D. Williams,

Child Neglect: State of Knowledge (1974) (Final Report to the Soc. & Rehab. Servs., Community Servs. Adm., Dep't of Health, Educ., & Welfare). Many of the same variables appear important in sexual abuse, although the etiology of sexual abuse is complicated by its obvious sexual aspects and related problems of personality and social context. See generally Araji & Finkelhor, Explanations of Pedophilia: Review of Empirical Research, 13 Bull. Am. Acad. Psychiatry & Law 17 (1985).

[22]Office of Inspector General, Dep't of Health & Human Services, Crack Babies 6 (1990); Discarded Children, supra note 14 at 29-33; The potential relation of substance abuse to neglect and as a disinhibitor of physical aggression is obvious. Perhaps less obviously, alcohol has been shown to be a major disinhibiting factor in sexual abuse, Araji & Finkelhor, Abusers: A Research Review, in A Sourcebook on Child Sexual Abuse 115-116 (D. Finkelhor ed. 1986).

[23]Report to Interagency Council on Child Abuse & Neglect (ICAN).

[24]D. Daro & L. Mitchell, Current Trends in Child Abuse Reporting: The Results of the 1989 Annual 50 State Survey (1990).

[25]I. Chasnoff, National Hospital Incidence Survey (1989); Chasnoff, Drug Use and Women: Establishing a Standard of Care, 562 Annals of the New York Academy of Sciences 208 (1989).

[26]Data from Los Angeles County Dep't of Health Services (1989).

[27]In Los Angeles County, for example, regular foster home care costs $661 per month, and group care costs $2,012 per month. The cost escalates substantially for specialized care of the sort that fragile infants need. The nursery in the Child Protection Custody Center incurs expenses at the rate of $208 per day. One-to-one supervision of an infant costs $395 per day.

[28]Inspector General, supra note 22, at 4.

[29]See generally 1 Behavior Toxicology of Childhood (G. Melton, S. Schroeder, & T. Sonderegger eds. forthcoming) (report of the Interdivisional Task Force on Behavioral Toxicology in Childhood, Am. Psychological Ass'n).

[30]Garbarino, The Abuse and Neglect of Special Children: An Introduction to the Issues, in Special Children, Special Risks: The Maltreatment of Children with Disabilities (J. Garbarino, P. Brookhouser, & K. Authier eds. 1987), at 10.

[31]House Select Comm. on Children, Youth, & Families, U.S. Children and their Families: Current Conditions and Recent Trends, 1989 (1989) (hereinafter Current Conditions), at 108.

[32]D. Moynihan, Family and Nation (Harvest/HBJ edition 1987).

[33]Current Conditions, supra note 13, at 100-01.

[34]Id. at 103.

[35]Id. at 108.

[36]Office of Educational Research and Improvement, Youth Indicators 1988: Trends in the Well-Being of American Youth (1988).

[37]See D. Hughes, K. Johnson, S. Rosenbaum, & I. Liu, The Health of America's Children (1989) (report of the Children's Defense Fund).

[38]Since 1978, there has been no reduction in the proportion of women receiving no prenatal care. This fact is illustrative of current youth problems as well as emerging problems. Only 36.1% of mothers under age 15 receive prenatal care in the first trimester. Current Conditions, supra note 13, at 164-65. This problem is rendered more acute by the fact that the birth rate has fallen among every age group of women except the youngest (10- to 14-year-olds). Id. at 8-9.

[39]Id. at 58-59.

[40]Id. at 14-15.

[41]Id. at 52-53.

[42]D. Finkelhor, Child Sexual Abuse: New Theory & Research 25 (1984).

[43]See Cochran & Brassard, Child Development and Personal Social Networks, 50 Child Dev. 601 (1979).

[44]Current Conditions, supra note 13, at 2-3.

[45]Id. at 16-17.

[46]Office of Educational Research and Improvement, supra note 36, at 22.

[47]Current Conditions, supra note 13, at 26-27, 66-69, 238-39.

[48]Id. at 78-79.

[49]Id. at 90-91.

[50]Finkelhor, Williams, & Burns, Nursery Crimes: Sexual Abuse in Day Care (1988).

[51]National Center, supra note 3.

[52]House Select Comm. on Children, Youth, & Families, Abused Children in America: Victims of Official Neglect 49-51 (1987) (hereinafter Abused Children).

[53]Child Welfare League of America, Too Young to Run: The Status of Child Abuse in America (1986).

[54]Besharov, Unfounded Allegations: A New Child Abuse Problem, 83 Public Interest 18, 24 (1986).

[55]See id.; E. Newberger, The Helping Hand Strikes Again (Apr. 11, 1983) (testimony before the Subcommittee on Family and Human Services, Committee on Labor and Human Resources, U.S. Senate).

[56]See, e.g., Goodman, Pyle-Taub, Jones, England, Port, Rudy, & Prado, The Effects of Criminal Court Testimony on Child Sexual Assault Victims, __ Monographs Soc'y for Research on Child Dev. __ (in press); Runyan, Everson, Edelsohn, Hunter & Coulter, Impact of Legal Intervention on Sexually Abused Children, 113 J. Pediatrics 647 (1988); see generally Brief for Amicus Curiae American Psychological Association, Md. v. Craig, __ S.Ct. ___ (1990) (No. 89-478), reprinted at __ Law & Hum. Behav. __ (in press).

[57]Saulsbury & Campbell, Evaluation of Child Abuse Reporting by Physicians, 139 Am. J. Diseases Children 393 (1985); Child Welfare League of America, Too Young to Run: The Status of Child Abuse in America (1986); Wells, On the Decision to Report Suspected Abuse or Neglect, in Professional Responsibilities in Protecting Children: A Public Health Approach to Child Sexual Abuse 191, 198-199 (A. Maney & S. Wells eds. 1988).

[58]In 20 states, the number of child protective service workers increased significantly between 1981 and 1985, but in only six of these states was additional staff time used to deliver services other than investigation. Abused Children, supra note 52, at 84-85. Several other states reported reorganization in order to increase staff time available for investigation. Id. at 86-87.

[59]Discarded Children, supra note 14, at 67.

[60]Id. at 89-95; Family- and Home-Based Services (I. Schwartz ed. forthcoming.)

[61]Discarded Children, supra note 14, at 98.

[62]Id. at 18.

[63]Id. at 51-54.

[64]Id. at 14-15, 20-24.

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[65]Increasingly, entrants into foster care are seriously disturbed adolescents. Id. at 33-36. At the same time, many of the children entering foster care are medically fragile infants. Id. at 36-38.

[66]Crack Babies, supra note 22, at 7.

[67]"Family preservation" services often are conceptualized to exclude foster families. Therefore, foster parents often lack respite care and other resources that ironically might be available to birth parents of disturbed children. Discarded Children, supra note 14, at 52-53.

[68]M. Wald, J. Carlsmith, & P. Leiderman, Protecting Abused & Neglected Children 124-125 (1988) (hereinafter M. Wald).

[69]Bush & Gordon, Client Choice and Bureaucratic Accountability: Possibilities for Responsiveness in a Social Welfare Bureaucracy, 34(2) J. of Soc. Issues 22, 33 (1978).

[70]Bush, Gordon & LeBailly, Evaluating Child Welfare Services: A Contribution From the Clients, 51 Soc. Serv. Rev. 491 (1977).

[71]We do not mean to suggest that punishment of perpetrators and protection of children are necessarily at odds. The use of the criminal justice system can vindicate the child and deter or incapacitate the offender from victimizing other children or continuing to harm the victim. Melton & Limber, Psychologists' Involvement in Cases of Child Maltreatment: Limits of Role and Expertise, 44 Am. Psychologist 1225, 1226-27 (1989); Peters, Dinsmore, & Toth, Why Prosecute Child Abuse?, 34 S. Dak. L. Rev. 649 (1989). Nonetheless, protracted pursuit of criminal proceedings clearly can increase the emotional trauma experienced by child victims. See supra note 56. Accordingly, the community's desire for retribution sometimes conflicts with its interest in protection of child welfare.

[72]See, e.g., M. Wald, supra note 68, at 192; Besharov, The Misuse of Foster Care: When the Desire to Help Children Outruns the Ability to Improve Parental Functioning, in Protecting Children from Abuse and Neglect: Policy and Practice 185, 187-89 (D. Besharov ed. 1988); Klee & Halfon, Mental Health Care for Foster Children in California, 11 Child Abuse & Neglect 63 (1987).

[73]Too frequently programs have offered conventional, easily reimbursable services (e.g., individual therapy) or easily packagable services (e.g., parent education curricula) without giving sufficient attention to the particular constellation of needs that a family exhibits. See generally Rosenberg & Hunt, Child Maltreatment: Legal and Mental Health Issues, in Children, Mental Health, and the Law 79 (N. Reppucci, L. Weithorn, E. Mulvey, & J. Monahan eds. 1984); Sudia, What Services Do Abusive and Neglecting Families Need? in The Social Context of Child Abuse and Neglect 268 (L. Pelton ed. 1981). For a carefully evaluated project that took a flexible individualized approach, see Brunk, Henggeler & Whelen, A

Comparison of Multi-Systemic Therapy and Parent Training in the Brief Treatment of Child Abuse and Neglect, 55 J. Consulting & Clin. Psychology 311 (1987).

C. NOTES TO PART III

[1]DeShaney v. Winnebago Co. Dep't of Soc. Serv., 109 S.Ct. 998, 1001.

[2]Id. at 1006.

[3]Id. at 1007.

[4]Garbarino & Sherman, High-Risk Neighborhoods and High-Risk Families: The Human Ecology of Child Maltreatment, 51 Child Dev. 188 (1980).

[5]See generally Lewis, et al., Toward a Theory of the Genesis of Violence: A Follow-up Study of Delinquency, 28 J. Am. Acad. Child & Adol. Psychiatry 431 (1989); E. Gray, Child Abuse: Prelude to Delinquency? (1986); Steele, Child Abuse: Its Impact on Society, 68 J. Ind. State Med. Ass'n. 191 (1975).

[6]See, e.g., House Select Committee on Children, Youth & Families, Abused Children in America: Victims of Official Neglect 43-44 (1987) (hereinafter Abused Children).

[7]Id. at 45-46.

[8]Id. at 43-44.

[9]Id. at 1-9 and 16-18.

[10]National Center on Child Abuse and Neglect, History of Appropriations (1989) (table submitted to the U.S. Advisory Board on Child Abuse and Neglect).

[11]Id.

[12]Statement of Thomas Birch on behalf of the National Child Abuse Coalition to the U.S. Advisory Board on Child Abuse and Neglect (Sept. 1989).

[13]Id.

[14]Id.

[15]State-by-state data on reports and funding are presented in Abused Children, supra note 6, at 64-82.

[16]Id. at 64-65.

[17]Hafemeister & Melton, The Impact of Social Science Research on the Judiciary, in Reforming the Law: Impact of Child Development Research 27, 43 (G. Melton ed. 1987) (hereinafter Reforming the Law); Melton, Bringing Psychology to the Legal System: Opportunities, Obstacles, and Efficacy, 42 Am. Psychologist 488, 491-93 (1987); Takanishi & Melton, Child Development Research and the Legislative Process, in Reforming the Law 86, 90-91.

[18]Thirty-one programs are represented on the Inter-Agency Task Force on Child Abuse and Neglect. The list of programs from which they are drawn is indeed diverse: e.g., the Office of Family Policy and Support of the Department of Defense, the Office of Special Education and Rehabilitative Services of the Department of Education, the Office of Health Promotion and Disease Prevention of the Department of Health and Human Services, the Division of Social Services of the Bureau of Indian Affairs, the Office of Home Economics and Human Nutrition of the Cooperative Extension Service.

[19]See generally D. Bross et al., The Child Protection Team Handbook (1988); Krugman The Assessment Process of a Child Protection Team, in The Battered Child (R. Helfer & R. Kempe 4th ed. 1987).

[20]In some states establishment of interagency councils is mandated by law. See, e.g., Cal. Welf. & Inst. Code §§ 18980-18983 (Deering 1990); Ohio Rev. Code Ann. § 3(a)10.02 (Baldwin, 1989); Tenn. Code Ann. §§ 37-1-407 & 37-3-103.

[21]Based on a review of all new petitions before the L.A. County Juvenile Dependency Court (1989) by presiding Juvenile Judge Paul Boland.

[22]Thomas, Drug Abuse and Child Maltreatment: A Clear and Present Danger, 6(4) Protecting Children 4, 5 (1989-90).

[23]See, e.g., White House, National Drug Control Strategy 44 (1989); Kowal, Project Protect in Massachusetts: Visualizing Help for Children Living with Family Violence and Substance Addicted Parents, 6(4) Protecting Children 9 (1989-90); Tittle & St. Claire, Promoting the Health and Development of Drug-Exposed Infants through a Comprehensive Clinic Model, 9(5) Zero to Three 18 (1989).

[24]See generally Stanton, Maternal Rights, Maternal Duties: A Legal Framework for Analyzing Fetal Abuse, in 1 Behavior Toxicology of Childhood (G. Melton, S. Schroeder, & T. Sonderegger eds. forthcoming); Sherman, Keeping Baby Safe from Mom, Nat'l L. J., Oct. 3, 1988, at 1.

[25]D. Daro & L. Mitchell, Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1989 Annual 50 State Survey (1990) (survey by Nat'l Comm. for Prevention of

Child Abuse) (hereinafter NCPCA), at 14; Christoffel, Liv, & Stamler, Epidemology of Fatal Child Abuse: International Mortality Data, 34 J. Of Chronic Diseases 57 (1981).

[26]NCPCA, supra note 25, at 16.

[27]At least one-third of fatalities occur in cases already known to child protective services. Alfaro, What Can We Learn from Child Abuse Fatalities? A Synthesis of Nine Studies, in Protecting Children from Abuse and Neglect: Policy and Practice 219, 238 (D. Besharov ed. 1988). A substantial proportion of the remaining cases involve prior maltreatment known but unreported by health and education professionals. Id. at 237-38.

[28]NCPCA, supra note 25, at 17-18.

[29]For a summary of the results of the surveys conducted by AHA, see D. Daro, Confronting Child Abuse: Research for Effective Program Design 13-14 (1988). The most recent AHA survey was reported in American Association for Protecting Children, Highlights of Official Child Neglect and Abuse Reporting, 1986 (1988) (unpublished paper, Am. Humane Ass'n).

[30]Walter R. McDonald & Associates, Inc., Plan for a National Child Abuse and Neglect Information System: Final Report (Feb. 1990) (Report to the Nat'l Ctr. on Child Abuse & Neglect pursuant to Contract No. 105-88-1731). Compare American Association for Protecting Children, Designing a National Data System for Child Abuse and Neglect (July 1989) (unpublished briefing paper, Am. Humane Ass'n).

[31]D. Daro, E. Jones, & K. McCurdy, Reliability and Validity of the National Incidence of Child Abuse and Neglect Study Conducted by Westat Associates in 1988: Methodological Review (undated) (unpublished manuscript, Nat'l Comm. for Prevention of Child Abuse).

[32]Id. at 37 (estimates generated from National Incidence Study are "as credible as anything currently available," but unquantified assumptions underlying the estimates require "a tremendous leap of faith in accepting the final incidence figures as accurate").

[33]See, e.g., Olds, Chamberlin, & Tatlebaum, Preventing Child Abuse and Neglect: A Randomized Trial of Nurse Home Visitation 78 Pediatrics 65 (1986); Taylor & Beauchamp, Hospital-Based Primary Prevention Strategy in Child Abuse: A Multi-level Needs Assessment, 12 Child Abuse & Neglect 343 (1988).

[34]Cf. Brunk, Henggeler & Whelen, A Comparison of Multi-Systemic Therapy and Parent Training in the Brief Treatment of Child Abuse and Neglect, 55 J. Consulting & Clin. Psychology 311 (1987) (showing efficacy of multisystemic treatment).

[35]See, e.g., Wolfe, Child Abuse Prevention with At-Risk Parents and Children, in Prevention of Delinquent Behavior 160 (J. Burchard & S. Burchard eds. 1987). See also Cohn & Daro, Is Treatment Too Late: What Ten Years of Evaluative Research Tell Us, 11 Child

Abuse & Neglect 433 (1987) (metaanalysis of demonstration projects supported by the Nat'l Ctr. on Child Abuse & Neglect); but see Dubowitz, Costs and Effectiveness of Intervention in Child Maltreatment, 14 Child Abuse & Neglect 177 (1990) (methodological flaws in existing outcome studies prevent unequivocal conclusions about program efficacy).

[36]See, e.g., A. Cohn, D. Finkelhor, & C. Holmes, Preventing Adults from Becoming Child Molestors (1985) (unpublished paper, Nat'l Comm. for Prevention of Child Abuse); D. Finkelhor, G. Hotaling, & K. Yilo, Stopping Family Violence: A Research Agenda for the Next Decade (1987) (Report to the Conrad T. Hilton Foundation) (hereinafter D. Finkelhor), at 29-31 and 61-62.

[37]See generally National Center on Child Abuse and Neglect, Research Symposium on Child Neglect (February 23-25, 1988) (available from the U.S. Dep't of Health and Human Services).

[38]M. Durfee, Attention to Fatal Child Abuse Often Falls Through the Cracks, Testimony to the U.S. Advisory Board on Child Abuse and Neglect, Salt Lake City, Utah (Oct. 24, 1989); D. Finkelhor, supra note 36, at 38-39.

[39]See, e.g., D. Finkelhor, supra note 36, at 21. For a model of such research on survivors who have adapted adequately, see Mulvey & LaRosa, Delinquency Cessation and Adolescent Development: Preliminary Data, 56 Am. J. Orthopsychiatry 212 (1986) (research on why some at-risk children do not become, or cease to be, delinquent).

[40]For a careful analysis of what is known and unknown about child sexual abuse, see J. Haugaard & N. Reppucci, The Sexual Abuse of Children (1988).

[41]In addition to the relatively small research program of the National Center on Child Abuse and Neglect, still smaller research programs on child maltreatment are found in the Justice Department, the National Institute of Child Health and Human Development, and the Antisocial and Violent Behavior Branch of the National Institute of Mental Health. NCCAN's total discretionary budget, much of which is allocated to non-research demonstration projects, totaled $13.6 million in FY 1989. National Center on Child Abuse and Neglect, supra note 10. See generally R. Starr, The Need for Child Maltreatment Research and Program Evaluation: The United States as a Case Study (Sept. 27, 1988) (paper presented at the 7th Int'l Cong. on Child Abuse & Neglect, Rio de Janeiro, Brazil).

[42]See, e.g., Office of Human Development Services, Child Abuse and Neglect Prevention and Treatment; Proposed Research and Demonstration Priorities for Fiscal Year 1990, 54 Fed. Reg. 38,443, 38,445 (1989) (proposing a bar on funding of field-initiated basic research). The Board objected to this proposed prohibition. Letter from R. Krugman, chair of the U.S. Advisory Bd. on Child Abuse & Neglect, to W. Horn, Comm'r, Adm. on Children, Youth, & Families (Nov. 17, 1989). Although OHDS dropped the specific bar on funding of basic research in the ultimate announcement of discretionary funds, it indicated a trivial investment in field-initiated research at all. Office of Human Development Services, Fiscal Year 1990

Coordinated Discretionary Funds Program; Availability of Funds and Request for Applications; Notice, 55 Fed. Reg. 8,553, 8,582-83 (1990) (providing for funding of "at least 1" field-initiated study). See also Child Abuse and Neglect and Child Sexual Abuse Programs: Hearing Before the House Subcomm. on Intergovernmental Relations & Hum. Resources, 99th Cong., 2nd Sess. (Mar. 12, 1986), Testimony of R. Krugman at 28 (noting the lack of a strong Federal research program on child maltreatment), and J. Mottola at 110 (statement of OHDS official that Nat'l Inst. of Mental Health works in a "much more scientific area" than NCCAN).

[43]Office of Technology Assessment, Healthy Children: Investing in the Future 185 (1988); E. Gray, Testimony before the U.S. Advisory Board on Child Abuse and Neglect (Apr. 4, 1990); R. Starr, supra note 41.

[44]See generally Rosenberg & Hunt, Child Maltreatment: Legal and Mental Health Issues, in Children, Mental Health, and the Law 79 (N. Reppucci, L. Weithorn, E. Mulvey, & J. Monahan eds. 1984); Sudia, What Services Do Abusive and Neglecting Families Need? in The Social Context of Child Abuse and Neglect 268 (L. Pelton ed. 1981).

[45]Letter from R. Krugman to W. Horn, supra note 42.

[46]Gray, supra note 43, noted that sustained programs of research on particular questions related to child maltreatment have been rare.

[47]See, e.g., House Comm. on Gov't Operations, Mismanagement of the Office of Human Development Services: Undermining Programs for Children, the Disabled, and the Elderly (April 15, 1987); Gen. Accounting Office, Documentation of Funding for Child Abuse and Neglect Grants Inadequate (May 1987); B. Egeland, Testimony before the U.S. Advisory Board on Child Abuse and Neglect (Apr. 4, 1990) (testimony on behalf of the Soc'y for Research in Child Dev.).

[48]G. Fryer, D. Bross, R. Krugman, D. Denson, & D. Baird, Good News for CPS Workers: An Iowa Survey Shows Parents Value Services (1990).

[49]D. English, Testimony before the U.S. Advisory Board on Child Abuse and Neglect (Apr. 4, 1990).

[50]Krugman, It's Time to Stop Shredding Records, 12 Child Abuse and Neglect 139 (1988).

[51]See supra note 33.

[52]See generally Family and Home-Based Services (I. Schwartz ed. forthcoming).

[53]See Melton, The Improbability of Prevention of Sexual Abuse, in Child Abuse Prevention (D. Willis, W. Holden, & M. Rosenberg eds. forthcoming); Reppucci & Haugaard, Prevention of Child Sexual Abuse: Myth or Reality, 44 Am. Psychologist 1266 (1989).

[54]American Anthropological Association, An Anthropological Perspective on Child Abuse and Neglect (Sept. 14, 1989) (statement submitted to the U.S. Advisory Board on Child Abuse and Neglect). A review by the Research Committee of the Board showed social and cultural factors to be largely absent as foci of current NCCAN research grants. See also H. Dubowitz, Testimony before the U.S. Advisory Board on Child Abuse and Neglect (Apr. 4, 1990)

[55]Only 38 trainees were supported for training in research on any topic in child mental health in fiscal year 1988. Institute of Medicine, Research on Children and Adolescents with Mental, Behavioral, and Developmental Disorders: Mobilizing a National Initiative 175 (1989). We are aware of only two small postdoctoral programs that have been supported for research training on child maltreatment.

[56]B. Egeland, supra note 47.

[57]G. Goodman, Testimony before the U.S. Advisory Board on Child Abuse and Neglect (Apr. 4, 1990). Prof. Goodman's testimony is consonant with the experience of researchers who are members of the Board.

[58]D. Daro, K. Casey, & N. Abrahams, Reducing Child Abuse by 1990: Preliminary Assessment 52 (May 1990) (report of the Nat'l Comm. for Prevention of Child Abuse).

[59]Id. at 13-16 and 53.

[60]Id. Indicative of this change in attitude is the movement to eliminate corporal punishment in the schools. During the past year, nine states abolished the practice; the total of states now prohibiting corporal punishment in the schools rose to 20. Conference to Abolish Corporal Punishment in Schools 2 (Apr. 1990) (NCPCA Memo.).

[61]See, e.g., Child Welfare League of America, Standards for Service for Abused or Neglected Children and their Families (1989) (hereinafter CWLA); National Association of Public Child Welfare Administrators, Guidelines for a Model System of Protective Services for Abused and Neglected Children and their Families (1988); National Commission on Child Welfare and Family Preservation, A Commitment to Change: Interim Report (Mar. 1990) (hereinafter Nat'l Comm'n); Besharov, Child Abuse and Neglect Reporting and Investigation: Policy Guidelines for Decision Making, in Protecting Children from Abuse and Neglect: Policy and Practice (D. Besharov ed. 1988) (report of consensus conf. sponsored by Am. Bar Ass'n, Am. Enterprise Inst., and Am. Pub. Welf. Ass'n with financial support by Nat'l Ctr. on Child Abuse & Neglect).

[62]See, e.g., Testimony of E. VanDusen and of M. Weyer before the U.S. Advisory Board on Child Abuse and Neglect (Feb. 22, 1990).

[63]Rosenfeld, Understaffed, Overloaded, Wash. Post, Dec. 27, 1989.

[64]Research indicates that volunteer services are efficient and, when adequately supervised, are at least as effective as professional programs. See, e.g. Berman & Norton, Does Professional Training Make a Therapist More Effective? 98 Psych. Bull. 401 (1985); Hattie, Sharpley, & Rogers, Comparative Effectiveness of Professional and Paraprofessional Helpers, 95 Psych. Bull. 534 (1984). Surveys indicate that a significant proportion of the public has participated in volunteer programs to prevent child abuse (in 1987, 23% of the public had participated in such programs). D. Daro, K. Casey, & N. Abrahams, supra note 58, at 57.

[65]R. Katzman, Testimony before the U.S. Advisory Board on Child Abuse and Neglect (Feb. 22, 1990).

[66]E. VanDusen, Testimony before the U.S. Advisory Board on Child Abuse and Neglect (Feb. 22, 1990).

[67]M. Straus, R. Gelles, & S. Steinmetz, Behind Closed Doors: Violence in the American Family 184 (1981).

[68]See CWLA, supra note 61.

[69]Abused Children, supra note 6, at 85.

[70]Shapiro, Whose Responsibility is it Anyway?, U.S. News & World Report (Jan. 9, 1989).

[71]Id.

[72]See CWLA, supra note 61.

[73]Individuals in need of help frequently are from a variety of cultural backgrounds and may be unable to speak English. See, e.g., Berger, Promoting Minority Access to the Profession, 34 Soc. Work 346 (1989). According to one study, 80% of child welfare workers and 80% of child welfare supervisors were white. S. Gray & F. Montalvo, A Sourcebook in Child Welfare: Serving Puerto Rican Families and Children (1984).

[74]See generally D. Daro, Confronting Child Abuse: Research for Effective Program Design 34 (1988); J. Garbarino & H. Stocking, Protecting Children from Abuse and Neglect (1981) (hereinafter Protecting Children); L. Videka-Sherman, Intervention for Child Neglect: The Empirical Knowledge Base, in National Center on Child Abuse and Neglect, Research Symposium on Child Neglect (1989).

[75]House Select Committe on Children, Youth, & Families, No Place to Call Home: Discarded Children in America 46-47 (1989).

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[76]D. Daro, supra note 29, at 34-37.

[77]The Board is unaware of any data to indicate the contrary.

[78]D. Daro, K. Casey, & N. Abrahams, supra note 58, at 27 (1990); Gray, Advisory Board Hearing, supra note 38.

[79]See, e.g., Abused Children, supra note 6, at 99-100.

[80]Child Health: Lessons from Developed Nations: Summary of Hearing Before the House Select Comm. on Children, Youth & Families (Mar. 20, 1990).

[81]Thirty per cent of hospitals offer home visits to some new parents. D. Daro, K. Casey, & N. Abrahams, supra note 58, at 33.

[82]See Krugman, The Future Role of the Pediatrician in Child Abuse and Neglect, 37 Ped. Clin. N. Am. (1990).

[83]Abused Children, supra note 6, at 102-05; Family- and Home-Based Services (I. Schwartz ed. forthcoming).

[84]Although many states have had initial success with programs to prevent out-of-home placement, such programs still commonly are small local demonstration projects. See, e.g., Abused Children, supra note 6, at 102-05.

[85]Nat'l Comm'n, supra note 61, at 6.

[86]See S. Kamerman & A. Kahn, Social Services for Children, Youth & Families in the U.S. (June 1989) (Report to the Annie E Casey Foundation).

[87]Protecting Children, supra note 74, at 42.

[88]National Court Appointed Special Advocate (CASA) Association, press release (Apr. 1990).

[89]See supra note 64.

[90]See generally National Center for the Prosecution of Child Abuse, Investigation and Prosecution of Child Abuse (1987). In New York City alone, adjudicated child abuse and neglect cases rose from 5,180 in 1984 to 25,945 in 1989. The New York City Family Court, 44(8) Rec. of Ass'n of Bar of City of N.Y. (Dec. 1989) (report of Comm. on Fam. Ct. & Fam. L. and Comm. on Juv. Just.).

[91]See, e.g., Maxine Waters Child Abuse Prevention Training Act of 1984, Cal. Welf. & Inst. Code §§ 18975-18979 (West Supp. 1990).

[92]See, e.g., Kramer, Parent Training, Handbook of School Psychology 683, 683 (T. Gutkin & C. Reynolds eds. 2nd ed. 1990) (school psychological services often fail to involve parents); Mearig, Integration of Schools and Community Services for Children with Special Needs, in Handbook of School Psychology (T. Gutkin & C. Reynolds eds. 1982) (schools often fail to provide a coordinated, comprehensive response to needs of children and families).

[93]National Center on Child Abuse and Neglect, Study Findings: Study of the National Incidence and Prevalence of Child Abuse and Neglect (1988), at 6-17.

[94]See generally S. Apter & J. Conoley, Childhood Behavior Disorders and Emotional Disturbance (1984) (showing the relationships among school, family, and child disturbance).

[95]M. Wald, J. Carlsmith, & P. Leiderman, Protecting Abused and Neglected Children 34 (1988).

[96]See supra note 61.

[97]T. Villiger, Testimony before the U.S. Advisory Board on Child Abuse and Neglect (Feb. 22, 1990).

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IV. APPENDICES

APPENDIX A: Statutory Basis For The Activities Of The U.S. Advisory Board On Child Abuse And Neglect

Child Abuse Prevention and Treatment Act of 1974, as amended (42 U.S.C. 5101 et seq.)

ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

Sec. 102. [42 U.S.C. 5102]

(a) Appointment. - The Secretary shall appoint an advisory board to be known as the Advisory Board on Child Abuse and Neglect.

(b) Solicitation of Nominations. - The Secretary shall publish a notice in the Federal Register soliciting nominations for the appointments required by subsection (a).

(c) Composition of Board. -

(1) Number of Members. - The board shall consist of 15 members, each of which shall be a person who is recognized for expertise in an aspect of the area of child abuse, of which -

(A) 2 shall be members of the task force established under section 103; and

(B) 13 shall be members of the general public and may not be Federal employees.

(2) Representation. - The Secretary shall appoint members from the general public under paragraph (1)(B) who are individuals knowledgeable in child abuse and neglect prevention, intervention, treatment, or research, and with due consideration to representation of ethnic or racial minorities and diverse geographic areas, and who represent -

(A) law (including the judiciary);
(B) psychology (including child development);
(C) social services (including child protective services);
(D) medicine (including pediatrics);
(E) State and local government;
(F) organizations providing services to disabled persons;
(G) organizations providing services to adolescents;
(H) teachers;
(I) parent self-help organizations;
(J) parents' groups; and
(K) voluntary groups.

(3) Terms of Office. -

(A) Except as otherwise provided in this subsection, members shall be appointed for terms of office of 4 years.

(B) Of the members of the board from the general public first appointed under subsection (a) -

(i) 4 shall be appointed for terms of office of 2 years;

(ii) 4 shall be appointed for terms of office of 3 years; and

(iii) 5 shall be appointed for terms of office of 4 years,

as determined by the members from the general public during the first meeting of the board.

(C) No member of the board appointed under subsection (a) shall be eligible to serve in excess of two consecutive terms, but may continue to serve until such member's successor is appointed.

(4) Vacancies. - Any member of the board appointed under subsection (a) to fill a vacancy occurring before the expiration of the term to which such member's predecessor was appointed shall be appointed for the remainder of such term. If the vacancy occurs prior to the expiration of the term of a member of the board appointed under subsection (a), a replacement shall be appointed in the same manner in which the original appointment was made.

(5) Removal. - No member of the board may be removed during the term of office of such member except for just and sufficient cause.

(d) Election of Officers. - The board shall elect a chairperson and vice-chairperson at its first meeting from among the members from the general public.

(e) Meetings. - The board shall meet not less than twice a year at the call of the chairperson. The chairperson, to the maximum extent practicable, shall coordinate meetings of the board with receipt of reports from the task force under section 103(f).

(f) Duties. - The board shall -

(1) annually submit to the Secretary and the appropriate committees of Congress a report containing -

(A) recommendations on coordinating Federal child abuse and neglect activities to prevent duplication and ensure efficient allocations of resources and program effectiveness; and

(B) recommendations as to carrying out the purposes of this Act;

(2) annually submit to the Secretary and the Director a report containing long-term and short-term recommendations on -

(A) programs;

(B) research;

(C) grant and contract needs;

(D) areas of unmet needs; and

(E) areas to which the Secretary should provide grant and contract priorities under sections 105 and 106; and

(3) annually review the budget of the Center and submit to the Director a report concerning such review.

(g) Compensation. -

(1) In General. - Except as provided in paragraph (3), members of the board, other than those regularly employed by the Federal Government, while serving on business of the board, may receive compensation at a rate not in excess of the daily equivalent payable to a GS-18 employee under section 5332 of title 5, United States Code, including travel time.

(2) Travel. - Except as provided in paragraph (3), members of the board, while serving on business of the board away from their homes or regular places of business, may be allowed travel expenses (including per diem in lieu of subsistence) as authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.

(3) Restriction. - The Director may not compensate a member of the board under this section if the member is receiving compensation or travel expenses from another source while serving on business of the board.

INTER-AGENCY TASK FORCE ON CHILD ABUSE AND NEGLECT

Sec. 103. [42 U.S.C. 5103]

(a) Establishment. - The Secretary shall establish a task force to be known as the Inter-Agency Task Force on Child Abuse and Neglect.

(b) Composition. - The Secretary shall request representation for the task force from Federal agencies with responsibility for programs and activities related to child abuse and neglect.

(c) Chairperson. - The task force shall be chaired by the Director.

(d) Duties. - The task force shall -

(1) coordinate Federal efforts with respect to child abuse prevention and treatment programs;

(2) encourage the development by other Federal agencies of activities relating to child abuse prevention and treatment;

(3) coordinate the use of grants received under this Act with the use of grants received under other programs;

(4) prepare a comprehensive plan for coordinating the goals, objectives, and activities of all Federal agencies and organizations which have responsibilities for programs and activities related to child abuse and neglect, and submit such plan to such Advisory Board not later than 12 months after the date of enactment of the Child Abuse Prevention, Adoption and Family Services Act of 1988; and

(5) coordinate adoption related activities, develop Federal standards with respect to adoption activities under this Act, and prevent duplication with respect to the allocation of resources to adoption activities.

(e) Meetings. - The task force shall meet not less than three times annually at the call of the chairperson.

(f) Reports. - The task force shall report not less than twice annually to the Center and the Board.

APPENDIX B: Membership Of The U.S. Advisory Board On Child Abuse And Neglect

In accordance with the provisions of the 1988 Amendments to the Child Abuse Prevention and Treatment Act, the U.S. Advisory Board on Child Abuse and Neglect comprises 15 members, each of which "is recognized for expertise in an aspect of the area of child abuse." Of the 15 members, two are Federal employees who are also members of the U.S. Inter-Agency Task Force on Child Abuse and Neglect, and 13 are members of the general public.

A list of current Board members and the specific expertise mandated by statute which they bring to the Board follows.

Richard D. Krugman, Chair
Acting Dean, School of Medicine, University of Colorado;
Professor of Pediatrics, University of Colorado;
Director, C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect
1205 Oneida Street
Denver, Colorado.
303-321-3963
Representing: Medicine

Howard A. Davidson, Vice-Chair
Director
ABA Center on Children and the Law
American Bar Association
1800 M Street
Washington, D.C. 20036
202-331-2250
Representing: Law

Frank D. Barry
Senior Extension Associate
Family Life Development Center
Surge Facility III
Cornell University
Ithaca, New York 14853-4401
607-255-7794
Representing: Organizations Providing Services to Adolescents

Betsy Brand
Assistant Secretary for Vocational and Adult Education
U.S. Department of Education
Mary Switzer Building, Room 4090
330 C Street, S.W.
Washington, D.C. 20202-7100
202-732-2251
Representing: U.S. Inter-Agency Task Force on Child Abuse and Neglect

Yvonne M. Chase
Assistant Secretary
Washington Department of Social and Health Services
Children, Youth and Family Services, OB-44B
Olympia, Washington 98504
206-586-4031
Representing: Social Services

Earl L. Dunlap
Director of Juvenile Correctional Services
Department for Human Services
Jefferson County Government
720 West Jefferson Street
Louisville, Kentucky 40202-2717
502-625-6838
Representing: State and local government

H. Gordon Evans
Director
National Foster Parents Association
226 Kilts Drive
Houston, Texas 77024
713-467-1850
Representing: Parents' groups

Judith C. Frick
Vice President
Kansas Action for Children, Inc.
424 N. Longford Court
Wichita, Kansas 67206
316-685-6898
Representing: Voluntary groups

Donna N. Givens
Deputy Assistant Secretary for Human Development Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 309-F
Washington, D.C. 20201
202-245-6461
Representing: U.S. Inter-agency Task Force on Child Abuse and Neglect

Joyce London-Mohamoud
Executive Director of the State Resource Office
Parents Anonymous of New Jersey
12 Roszel Road, Suite A-103
Princeton, New Jersey 08540
609-243-9779
Representing: Parent self-help organizations

Gary B. Melton
Carl Adolph Happold Professor of Psychology and Law
Center on Children, Families, and the Law
University of Nebraska
209 Burnett Hall
Lincoln, Nebraska 68588-0308
402-472-3130
Representing: Psychology

Jeanne D'Agostino Rodriguez
Director of Community Relations, Laurel Oaks Hospital;
Member, Orange County Citizens Commission for Children
7278 Della Drive
Orlando, Florida 32819-5197
407-351-1774
Representing: At-large

Deanne Tilton-Durfee
Executive Director
Los Angeles County Inter-Agency Council on Child Abuse
and Neglect (ICAN)
4024 Durfee Avenue
El Monte, California 91732
818-575-4362
Representing: At-large

Deborah M. Walsh
Associate Director
Educational Issues Department
American Federation of Teachers
555 New Jersey Avenue, N.W.
Washington, D.C. 20001
202-879-4560
Representing: Teachers

Diane J. Willis
Director of Psychological Services
Child Study Center, Department of Pediatrics
University of Oklahoma Health Sciences Center
1100 Northeast 13th Street
Oklahoma City, Oklahoma 73117
405-271-6816
Representing: Organizations providing services to disabled persons

APPENDIX C: Staff And Other Personnel Resources Of The U.S. Advisory Board On Child Abuse And Neglect

Staff

Byron D. Metrikin-Gold
Executive Director
U.S. Advisory Board on Child Abuse and Neglect
200 Independence Avenue, SW
Washington, D.C. 20201
202-245-0877

Eileen H. Lohr
Program Assistant
U.S. Advisory Board on Child Abuse and Neglect
200 Independence Avenue, SW
Washington, D.C. 20201
202-245-0877

Other Personnel Resources

Diane D. Broadhurst
Special Consultant
(Services of Ms. Broadhurst were made available to the Board under contractual arrangements with Westover Consultants, Inc. Ms. Broadhurst attended and recorded the Board meetings and hearings of May 1989, September 1989, and April 1990. Ms. Broadhurst also prepared the first draft of the Board report.)

Ruthie Sheppard
Project Officer
Westover Consultants, Inc.
(Under direction from Ms. Sheppard, invaluable logistical support was provided to the Board by Westover Consultants, Inc. The services of Westover Consultants, Inc., were made available to the Board through Administration for Children, Youth and Families Contract #105-88-8113, Task Order C.)

Lawrence Aber, Department of Psychology, Columbia University, New York, New York
Consultant

Jose Alfaro, Director of Personnel, Training and Research, Children's Aid Society, New York, New York
Consultant

Debra Daro, Director, Child Abuse Prevention Research, National Committee for Prevention of Child Abuse, Chicago, Illinois
Consultant

James Garbarino, President, The Erikson Institute, Chicago, Illinois
Consultant

Thomas Villiger, Deputy Director, Illinois Department of Children and Family Services, Springfield, Illinois
Consultant

Janet Wiig, Director, Children Services Division, Minnesota Department of Human Services, St. Paul, Minnesota
Consultant

(Services of these consultants were made available to the Board under contractual arrangements with Westover Consultants, Inc.)

APPENDIX D: Activities Of The U.S. Advisory Board On Child Abuse And Neglect–1989-1990

The Board developed its recommendations in response to the best thinking of a broad spectrum of agencies, individuals, and institutions committed to improving the system that serves abused and neglected children and their families. That process began with the swearing-in of the members on the evening of May 30, 1989 by the Honorable Louis W. Sullivan, M.D., Secretary of Health and Human Services.

Critical to the process were three Board meetings. The Board met for three days in May-June 1989; for four days in September 1989; and again for three days in April 1990. In each of these meetings the Board discussed the various aspects of child abuse and neglect in detail.

At its first meeting the Board formed four standing committees--Executive, Program, Research and Systems--to examine these issues in depth and to make preliminary recommendations to the full Board. Between meetings, Board members conferred frequently by mail, through committee conference calls, and in executive committee meetings.

To supplement its own deliberations, the Board:

-- sought advice from members of the U.S. Congress and Congressional staff and a variety of professionals and experts on child protection;

-- received frequent briefings on developments in Federal policy from officials of the Department of Health and Human Services;

-- held one hearing in Salt Lake City and two hearings in the Washington, D.C. area;

-- invited national organizations to address the Board during regular meetings;

-- consulted with colleagues about proposed Board recommendations; and

-- reviewed thousands of pages of material on the current status of child abuse and neglect.

The Board carefully considered the information it had gathered, then began to formulate its recommendations, honing them in meetings, conference calls and individual reviews, before presenting them to the U.S. Congress, the Secretary, and the public.

A list of the names and affiliations of all individuals who addressed the Board during regular Board meetings follows.

MEETING OF MAY 30 - JUNE 1, 1989
Washington, D.C.

Louis W. Sullivan, M.D.
Secretary of Health and Human Services

Mary Sheila Gall
Assistant Secretary for Human Development Services
Department of Health and Human Services

Betty Stewart
Associate Commissioner (Children's Bureau)
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Susan Weber
Director
National Center on Child Abuse and Neglect
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Madeline Nesse
Office of General Counsel
Department of Health and Human Services

Melinda Golub
Office of General Counsel
Department of Health and Human Services

MEETING OF SEPTEMBER 19-21, 1989
Washington, D.C.

The Honorable **Major R. Owens**
Chairman, Subcommittee on Select Education
House Education and Labor Committee
House of Representatives
Washington, D.C.

The Honorable **Thomas J. Bliley**, Jr.
Ranking Minority Member
Select Committee on Children, Youth, and Families
House of Representatives
Washington, D.C.
(While unable to be present at the meeting, Mr. Bliley addressed the Board in writing.)

Mary Sheila Gall
Assistant Secretary for Human Development Services
Department of Health and Human Services

Wade F. Horn, Ph.D.
Commissioner
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Betty Stewart
Associate Commissioner (Children's Bureau)
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Susan Weber
Director, National Center on Child Abuse and Neglect
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Madeline Nesse
Office of General Counsel
Department of Health and Human Services

Melinda Golub
Office of General Counsel
Department of Health and Human Services

W. Don Reader
President
National Council of Juvenile and Family Court Judges
Reno, Nevada

Mark Rochon
District of Columbia Public Defenders Service
Washington, D.C.

Patricia Toth
Director, National Center for the Prosecution of Child Abuse Washington, D.C.

Herbert Williams
President, Police Foundation
Washington, D.C.

Thomas Birch
Legislative Counsel
National Child Abuse Coalition
Washington, D.C.

MEETING OF APRIL 3-5, 1990
Arlington, Virginia

Wade F. Horn, Ph.D.
Commissioner
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

Jim F. Young
Acting Director, National Center on Child Abuse and Neglect
Administration for Children, Youth and Families
Office of Human Development Services
Department of Health and Human Services

A list of the names and affiliations of all individuals who testified before the Board during one of its hearings, or submitted a written statement to the Board, follows.

HEARING OF OCTOBER 24, 1989
Salt Lake City, Utah
Members of the Board
Attendees at the Eighth National Conference on Child Abuse and Neglect

Robert M. Aurbach, Senior Associate, University of New Mexico Institute for Criminal Justice Studies, Albuquerque, New Mexico

Gail Breakey, R.N., MPH, Director, Hawaii Family Stress Center, Honolulu, Hawaii

Adger Bulter, M.D., Coordinator of Child Abuse and Neglect Prevention, Child Abuse Division, Detroit Health Department, Detroit, Michigan

David L. Corwin, M.D., Child, Adolescent and Adult Psychiatrist, Founder, California Professional Society on the Abuse of Children, California

The Rev. **David W. Delaplane,** Executive Director, The Spiritual Dimension in Victim Services, Sacramento, California

Michael Durfee, M.D., Co-Chair, Inter-Agency Council on Child Abuse and Neglect (ICAN) Child Death Review, Los Angeles, California

SuEllen Fried, Founder, STOP Violence Coalition, Shawnee Mission, Kansas

Robert Geffner, Ph.D., Executive Director/Associate Professor, Family Violence Research and Treatment Program, University of Texas, Tyler, Texas

Sarah Randles Hardin, Project Coordinator, Family Violence Intervention Project, Multnomah County, Portland, Oregon

Sherryll Kraizer, Director, Coalition for Children, Palisades, New York

Theodore Levine, Executive Director, Youth Service Inc., Philadelphia, Pennsylvania

Michele G. Miller, Social Worker, Salt Lake City School District, Salt Lake City, Utah

Janet Motz, Child Protection Program Administration, Colorado Department of Social Services, Denver, Colorado

Patricia M. Sullivan, Ph.D., Director, Center for Abused Handicapped Children, Boys Town National Research Hospital, Omaha, Nebraska

Cecelia Fire Thunder, Oglala Lakota Womens Society, Resources for Indian Communities, Martin, South Dakota

Glen Watson, Social Worker, Division of Family and Youth Services, Fairbanks, Alaska

Joan Levy Zlotnik, Staff Director, National Association of Social Workers, Silver Spring, Maryland

HEARING OF FEBRUARY 22, 1990
Washington, D.C.
Members of the Systems Committee
Members of the Executive Committee
Attendees at the February 20-21, 1990 Meeting of State Liaison Officers for Child Abuse and Neglect

SYSTEMS COMMITTEE HEARING
ON THE ROLE OF THE STATE GOVERNMENT IN CHILD MALTREATMENT

State Liaison Officers

Mary Carswell
Alabama Department of Human Resources

Sallie D'Asaro
New York State Department of Social Services

Elizabeth Farley
Kentucky Department for Social Services

Sandra Hodge
Maine Department of Human Services

John Holtkamp
Iowa Department of Human Services

Rita Katzman
Virginia Department of Social Services

Connie Martin
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Janet Motz
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Patricia Overton
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Thomas E. Villiger
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Wayne Wallace
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Merlin D. Weyer
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L. Annette Abrams (written statement)
Michigan Department of Social Services

Albert A. Colon (written statement)
California Department of Social Services

Ginger Davis (written statement)
Iowa Chapter, National Committee for Prevention of Child Abuse

HEARING OF APRIL 4, 1990
Arlington, Virginia.
Members of the Research Committee
Members of the Executive Committee
Attendees at the April 3-5, 1990 Meeting of NCCAN Research Grantees

RESEARCH COMMITTEE HEARING ON ISSUES IN RESEARCH ON CHILD MALTREATMENT

Craig M. Allen, Ph.D., Department of Family Environment, Iowa State University, Ames, Iowa

Sandra Kaplan, M.D., (for the American Psychiatric Association), Department of Child Psychiatry, Cornell University Medical College, New York, New York

Howard Dubowitz, M.D., Pediatric Associates, University of Maryland School of Medicine, Baltimore, Maryland

John Eckenrode, Ph.D., Family Life Development Center, Cornell University, Ithaca, New York

Byron R. Egeland, Ph.D., (for the Society for Research and Child Development, Institute of Child Development), University of Minnesota, Minneapolis, Minnesota

Diane J. English, Ph.D., Children's Services Research Project
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Richard Famularo, M.D., Citizenship Training Group, Boston Juvenile Court, Boston, Massachusetts

James M. Gaudin, Ph.D., Research Foundation, Boyd Graduate Studies Research, School of Social Work, University of Georgia, Athens, Georgia

Gail Goodman, Ph.D., Department of Psychology, State University of New York, Buffalo, New York

Ellen Gray, Ph.D., National Council of Jewish Women, Center for the Child, New York, New York

Mary P. Koss, Ph.D., Department of Psychiatry, University of Arizona School of Medicine, Tucson, Arizona

August 1990

Kristine Nelson, Ph.D., School of Social Work, University of Iowa, Iowa City, Iowa

Patricia Ryan, Ph.D., Institute for the Study of Children and Families, Eastern Michigan University, Ypsilanti, Michigan

Isabel Wolock, Ph.D., School of Social Work, Rutgers, The State University, New Brunswick, New Jersey

American Anthropological Association (written statement)

APPENDIX E: Committees Of The U.S. Advisory Board On Child Abuse And Neglect–1989-1990

EXECUTIVE COMMITTEE

Richard D. Krugman, Chair
Frank D. Barry
Yvonne M. Chase
Howard A. Davidson
Gary B. Melton
Deanne Tilton-Durfee

PROGRAM COMMITTEE

Frank D. Barry, Chair
Yvonne M. Chase
Earl L. Dunlap
H. Gordon Evans
Joyce London-Mohamoud
Deborah M. Walsh

RESEARCH COMMITTEE

Gary B. Melton, Chair
Richard D. Krugman
Diane J. Willis

SYSTEMS COMMITTEE

Deanne Tilton-Durfee, Chair
Betsy Brand
Howard A. Davidson
Judith C. Frick
Donna N. Givens
Jeanne D. Rodriguez

APPENDIX F: Membership Of The National Child Abuse Coalition

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APPENDIX G: Recommendations: First Report Of The U.S. Advisory Board on Child Abuse and Neglect

RECOMMENDATIONS

A. RECOGNIZING THE NATIONAL EMERGENCY

RECOMMENDATION #1:

The Board urges each citizen to recognize that a serious emergency related to the maltreatment of children exists within American society and to join with all other citizens in resolving that its continued existence is intolerable.

RECOMMENDATION #2:

The Board urges each citizen to demand that his or her elected officials at all levels publicly acknowledge that the American child protection emergency exists, and, having so acknowledged this emergency, take whatever steps are necessary–including the identification of new revenue sources–to rehabilitate the nation's child protection system.

RECOMMENDATION #3:

The Board urges the U.S. Congress, State legislatures, and local legislative bodies to view the prevention of child abuse and neglect as a matter of national security and, as such, to increase their support for basic necessities, such as housing, child care, education, and prenatal care for low income families including the working poor, the absence of which has been linked to child abuse and neglect.

B. PROVIDING LEADERSHIP

RECOMMENDATION #4:

The Board urges the President to become the visible and effective leader of a renewed Federal effort to prevent the maltreatment of American children and to help the nation better serve those children who have been abused and neglected.

RECOMMENDATION #5:

The Board urges each Governor to become the visible and effective leader of a renewed State effort to prevent the maltreatment of children and to assure that child victims of abuse and neglect receive appropriate services.

RECOMMENDATION #6:

The Board urges each Mayor and County Executive to become personally involved in improving the delivery of services related to the prevention and treatment of child abuse and neglect.

RECOMMENDATION #7:

The Board urges legislative bodies at all levels to join with the President, Governors, and County Executives and Mayors in a renewed national commitment to child protection by providing the funds necessary to prevent and treat child abuse and neglect.

RECOMMENDATION #8:

The Board urges national scientific societies and professional associations to undertake major initiatives to stimulate the development of knowledge about child abuse and neglect and the improvement of the child protection system and to diffuse such knowledge to their members, policymakers, and the general public.

C. COORDINATING EFFORTS

RECOMMENDATION #9:

The Secretary of Health and Human Services, in conjunction with his counterparts within the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should identify and eliminate barriers which stand in the way of providing coordinated community services related to the protection of children.

RECOMMENDATION #10:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Director of the Office of National Drug Control Policy in the White House should take steps to assure that all relevant aspects of the national effort to control substance abuse are coordinated with efforts to prevent and treat child abuse and neglect. These steps should begin immediately and should be made apparent to the public. All steps taken at the national level should be coordinated with relevant State and local "front-line" programs.

RECOMMENDATION #11:

The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should undertake joint efforts to address the issue of fatal child abuse and neglect caused by family members and other caretakers. These efforts should include the identification and vigorous dissemination to State and local governments of models for: (a) prevention of serious and fatal child abuse and neglect; (b) multidisciplinary child death case review; and (c) identification and response to child abuse and neglect fatalities by the social services, public health, and criminal justice systems.

D. GENERATING KNOWLEDGE

RECOMMENDATION #12:

The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take whatever steps are necessary to establish a Federal data collection system that provides a comprehensive national picture of child maltreatment and the response to it by the several governments of the United States. This new system should insure: accurate, annual, uninterrupted, consistent, and timely data collection; mandatory participation from the States; and a focus on actual incidence, reported incidence, and the operation and effectiveness of all aspects of the child protection system. This new system should be designed and implemented either by the Bureau of the Census or the Centers for Disease Control, working in collaboration with leading experts on child maltreatment.

RECOMMENDATION #13:

The Secretary of Health and Human Services should launch a major coordinated initiative involving all relevant components of the Department of Health and Human Services to promote the systematic conduct of research related to child abuse and neglect.

RECOMMENDATION #14:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should launch a major initiative to use multidisciplinary knowledge about what works as the cornerstone of Federal efforts to rehabilitate the quality of the child protection system. This initiative should include the translation of what is already known about interventions that produce positive results. It should also include the evaluation of possible systemic improvements the value of which has not yet been established.

RECOMMENDATION #15:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the nation's private foundations that have an interest in children, should launch a major initiative to increase both the number and the professional qualifications of individuals conducting knowledge-building activities on child abuse and neglect. The initiative should include the active encouragement of noted researchers from other fields in the social, behavioral, and health sciences to do work in this area.

E. DIFFUSING KNOWLEDGE

RECOMMENDATION #16:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should take whatever steps are necessary to assure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, consistent state-of-the-art information on child abuse and neglect. Such steps should include establishing a permanent governmental unit from which this information is available.

RECOMMENDATION #17:

Leaders of the media should join in a campaign to promote public understanding of the child protection emergency and the most effective ways of addressing it, including coverage of the complexity and seriousness of the emergency and the alternatives for dealing with it.

F. INCREASING HUMAN RESOURCES

RECOMMENDATION #18:

The Secretary of Health and Human Services, the U.S. Congress, their counterparts in State governments, and the Governors of the several States, in concert with professional associations and organizations, should take concrete steps to establish the position of public agency "child protective services caseworker" as a professional specialty with commensurate minimum entry-level educational requirements, salary, status, supervision, administrative support, and continuing education requirements.

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RECOMMENDATION #19:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to establish minimum educational requirements for the position of public agency CPS caseworker in agencies which receive Federal financial support. Such requirements should provide for the substitution of appropriate experience for education.

RECOMMENDATION #20:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to assure that all public agency CPS caseworkers systematically receive adequate pre-service and in-service continuing training for the proper performance of their duties. Such training should be offered at different levels in keeping with the differing needs and responsibilities of CPS caseworkers, and should reflect emerging issues in the field.

RECOMMENDATION #21:

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts at the State and County levels, in concert with private sector support should take the necessary steps to establish acceptable caseload standards so as to reduce the caseload sizes of public agency CPS caseworkers in agencies which receive Federal financial support. A part of this initiative should be the recruitment and maintenance of a sufficient number of qualified staff so that services can be provided at the acceptable caseload level.

RECOMMENDATION #22:

State and local social services officials should launch an aggressive campaign to recruit new CPS caseworkers representative of the racial, ethnic, and cultural composition of the child maltreatment caseload population.

RECOMMENDATION #23:

The Secretary of Health and Human Services and the Secretary of Education (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take concrete steps to assure a steady increase in the total number of the nation's professionals who possess the necessary competence and skill to participate effectively in the protection of children. Such steps should include: the development, introduction and expansion of curricula and clinical programs concerned with child abuse and neglect in all the nation's institutions of higher learning; the replication and institutionalization of models for the interdisciplinary training of graduate students preparing for work in child protection; and the establishment of a new program of Presidential or Secretarial Child Maltreatment Fellowships for graduate students willing to commit themselves to entering the field.

G. PROVIDING AND IMPROVING PROGRAMS

RECOMMENDATION #24:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that comprehensive, multidisciplinary child abuse and neglect treatment programs are available to all who need them.

RECOMMENDATION #25:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that efforts to prevent the maltreatment of children are substantially increased. Such efforts, at a minimum, should involve a significant expansion in the availability of home visitation and follow-up services for all families of newborns.

RECOMMENDATION #26:

The U.S. Congress and State and local legislative bodies should ensure that, in any expansion of programs concerned with child abuse and neglect, resources devoted to prevention and resources devoted to treatment do not come at the expense of each other.

RECOMMENDATION #27:

The headquarters or regional units of private sector organizations–voluntary, religious, civic, philanthropic, and entrepreneurial–should take the necessary steps to increase significantly the involvement of their local affiliates and outlets, members, or employees in efforts to support and strengthen families as well as to prevent and treat child abuse and neglect. At a minimum the efforts for which increased involvement is encouraged should include: participation in neighborhood home visitation networks; participation in formal volunteer programs; the introduction of workplace measures aimed at reducing familial stress; participation in programs aimed at increasing greater accountability within the child protection system; and the promotion of greater awareness of the child protection emergency, as well as advocacy for more enlightened public policies in response to it. Government at all levels should facilitate the development of public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect.

RECOMMENDATION #28:

The Attorney General, the U.S. Congress, the State legislatures, the Chief Justice of each State's highest court, and the leaders of the organized bar should assure that all State and local courts handling the large numbers of civil and criminal child abuse and neglect cases coming before the court system promptly and fairly resolve these cases. Prompt and fair resolution will require sufficient resources including: (a) adequate numbers of well-trained judges, lawyers, and court support staff, as well as manageable caseloads that take into account the complex and demanding nature of child abuse and neglect litigation; (b) specialized judicial procedures that are sensitive to the needs of children and families; (c) improved court-based diagnostic and evaluation services; and (d) greater educational opportunities for all professional personnel involved in such proceedings. Courts hearing child maltreatment cases must also be given the funding and status befitting these most important of judicial tribunals. These officials should also take steps to assure that every child has independent advocacy and legal representation, and every CPS caseworker is effectively represented by counsel throughout the judicial process.

RECOMMENDATION #29:

The Secretary of Education and his counterparts in State and local educational agencies, in concert with the leaders of all relevant national educational organizations and their State and local affiliates, should launch a major initiative to establish and strengthen the role of every public and private school in the nation in the prevention, identification, and treatment of child abuse and neglect.

H. PLANNING FOR THE FUTURE

RECOMMENDATION #30:

The U.S. Congress should direct an appropriate research agency to determine the cost of developing and implementing a comprehensive national program for the prevention and treatment of child abuse and neglect, as well as the projected cost of not developing and implementing such a program.

RECOMMENDATION #31:

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the National Governors Association, the U.S. Conference of Mayors, and the National Association of Counties, should develop a model planning process aimed at generating plans for the coordinated, comprehensive, community-based prevention, identification, and treatment of abuse and neglect, and take appropriate steps to assure that the model process is implemented throughout the nation.

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U.S. Dept. of Education

Office of Educational
Research and Improvement (OERI)

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August 1, 1996